

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

**Final Report**  
**Mississippi Child and Family Services Review**  
**May 2004**

**U.S. Department of Health and Human Services**  
**Administration for Children and Families**  
**Administration on Children, Youth and Families**  
**Children's Bureau**

## **Final Report: Mississippi Child and Family Services Review Executive Summary**

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Mississippi. The CFSR assesses State performance on seven child welfare outcomes pertaining to children's safety, permanency, and well being and on seven systemic factors related to the State's capacity to achieve positive outcomes for children and families. The Mississippi CFSR was conducted the week of February 9, 2004 (in Federal fiscal year 2004). The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Mississippi Department of Human Services (MDHS), Division of Family and Children's Services;
- The State Data Profile, prepared by the Children's Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002;
- Reviews of 50 cases at three sites in the State (Adams County, Hinds County, and Washington County); and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, Tribes, collaborating agency personnel, service providers, court personnel, and attorneys.

A key finding of the Mississippi CFSR is that the State did not achieve substantial conformity with any of the seven child welfare outcomes assessed for safety, permanency, and well-being. Performance varied considerably across the seven outcomes.

One of the areas of greatest concern is the State's performance on Permanency Outcome 1 (Children have permanency and stability in their living situations). This outcome was determined to be substantially achieved in only 36.0 percent of the 25 foster care cases reviewed. While performance on this outcome was low in all CFSR sites, there was considerable variation. The outcome was determined to be substantially achieved in 60 percent of Adams County cases, compared to 38 percent of Hinds County cases and only 14 percent of Washington County cases.

Although information from the State Data Profile and the CFSR case reviews indicate that MDHS has achieved success in ensuring that children who leave foster care do not re-enter within 12 months, it is less consistent in achieving permanency for children. CFSR findings for Permanency Outcome 1 indicate that MDHS is not consistent in making diligent efforts to (1) establish appropriate goals in a timely manner; (2) achieve permanency for children (through adoption, reunification, or permanent placement with relatives) in a

timely manner; or (3) ensure that older children in long-term foster care receive appropriate services to assist them in making the transition from foster care to independent living. Case reviews and stakeholder interviews revealed common barriers to achieving timely permanency, such as maintaining the goal of reunification for too long in poor prognosis cases. Variations in agency and court practices also account for some differentiation in performance across the CFSR sites. Extended delays in meeting ASFA-mandated timeframes for filing and achieving termination of parental rights were identified as concerns in both Hinds and Washington County, which are the lower performing sites for this outcome. Another difference is that the court in Adams County requires concurrent permanency goals for all cases, whereas consecutive planning tends to be the practice in Hinds and Washington Counties. The stability of foster care placements is another concern. CFSR findings indicate that MDHS does not engage in adequate matching of children with foster care placements to ensure stability. Placement stability is also undermined by the lack of foster homes and agency support to foster parents and relative caregivers. Furthermore, case reviews and stakeholder interviews indicate that MDHS relies extensively on the use of emergency shelter facilities for the initial placement (even for very young children) or when placements disrupt (often due to children's behavior and foster parents' inability to manage behavior).

Another area of concern with regard to State performance on the child welfare outcomes pertained to Well-Being Outcome 1 (Families have enhanced capacity to provide for their children's needs). This outcome was determined to be substantially achieved in only 36.0 percent of the 50 cases reviewed. Performance on this outcome was low, yet it varied significantly as a function of case type. The outcome was determined to be substantially achieved in 48 percent of the foster care cases, compared to only 24 percent of the "in-home services" cases. Performance on this outcome also varied across CFSR sites. The outcome was determined to be substantially achieved in 58 percent of Adams County cases, 37.5 percent of Hinds County cases, and 14 percent of Washington County cases. CFSR findings for this outcome indicate that MDHS is not consistent in (1) meeting the services needs of children, parents, and foster parents; (2) involving children and parents in the case planning process; and (3) establishing face-to-face contact with children and parents with sufficient frequency to ensure children's safety and well-being. Stakeholders in Adams and Hinds Counties reported that large caseloads have a negative affect on the quality of worker visits with children and the time that workers have to spend with the children.

CFSR findings demonstrate additional concerns regarding permanency and well-being. The State's performance with respect to Permanency Outcome 2 (The continuity of family relationships and connections is preserved for children) was low. This outcome was determined to be substantially achieved in only 56.0 percent of the 25 foster care cases reviewed. CFSR findings indicate that MDHS did not make concerted efforts to ensure that children in foster care are placed, when appropriate, in close proximity to their parents and communities of origin. Also, MDHS was not consistent in its efforts to (1) place siblings together; (2) establish frequent visitation between children in foster care and their parents and siblings; (3) preserve connections for children in foster care; (4) seek relatives as potential placement resources; and (5) promote or maintain a strong, emotionally-supportive relationship between children in foster care and their parents.

With respect to the permanency and well-being of Native American children in foster care, MDHS policy and practice dictate active collaboration with the appropriate Indian Tribal Council. As indicated by stakeholder interviews, MDHS and the Mississippi Band of Choctaw Indians jointly facilitate the placement of Choctaw and other Tribal children in foster care. Case coordination and service delivery is further facilitated by regular meetings between MDHS and the social services staff of the Mississippi Band of the Choctaw Indians. Despite these efforts, however, in the two cases involving Native American children, reviewers determined that the Tribe had not been appropriately notified and involved and that no efforts were made to place the children with extended family or with the Tribe.

The State's performance with respect to Well-Being Outcome 3 (Children receive adequate services to meet their physical and mental health needs) was also low, with only 52.3 percent of applicable cases rated as having substantially achieved this outcome. A key concern identified was a general lack of mental health services throughout the State. Performance on Well-Being Outcome 2 (Children receive appropriate services to meet their educational needs) was substantially achieved in 75.9 percent of the applicable cases, with the finding that MDHS did not consistently address the educational needs of children in in-home cases where there was clear evidence that the child or children in the family had education-related needs. Stakeholders noted that when educational needs are not being met it is due primarily to large caseloads and/or a lack of effective collaboration between MDHS and local school systems.

In addition to the concerns pertaining to permanency and well-being, CFSR findings indicate that MDHS is not consistent in its efforts to address the safety of children who come into contact with the child welfare system. Safety outcome 1 (Children are, first and foremost, protected from abuse and neglect) was substantially achieved in 84.4 percent of the applicable cases. A key finding was that MDHS is not consistent with regard to initiating investigations within the State's time frames, particularly in Hinds County. In addition, stakeholders expressed concern that the low rate of reported maltreatment recurrence may be due to a practice in many areas of the State of not substantiating maltreatment reports even when there is evidence to warrant substantiation. Safety Outcome 2 (Children are safely maintained in their homes whenever possible) was achieved in 76.6 percent of the applicable cases reviewed, raising concerns that some children are not being sufficiently protected from risk of harm while in their own homes due to the insufficiency or lack of services provided. Ratings for Safety Outcome 2 varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 87.5 percent of Hinds County cases and 83 percent of Adams County cases, compared to 45 percent of Washington County cases.

With regard to the systemic factors, the CFSR determined that the State was in substantial conformity with the factors of Agency Responsiveness to the Community and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Statewide Information System; Case Review System, Quality Assurance System;

Training; and Service Array. Stakeholders reported that inadequate staff and large caseloads are having an adverse effect on several of the systemic factors. Large caseloads and inadequate support staff are prohibiting social workers from entering timely information into the State's statewide information system, MACWIS. Staff shortages within MDHS and the Attorney General's office are major constraints in the timely filing of Termination of Parental Rights petitions and the search for absent parents. These staffing issues are also influencing the agency's ability to meet the required monthly visits to foster homes. Stakeholders expressed concern that staff shortages are a barrier to implementing Quality Assurance efforts consistently throughout the State. High caseloads are also identified by stakeholders as a barrier to social workers being able to attend ongoing training. According to the Statewide Assessment, Mississippi will need to recruit and hire over 200 new social workers to bring caseloads in line with the staffing ratios recommended by the Child Welfare League of America. Another key concern identified regarding the systemic factors was that the State does not have a sufficient array of services in place to address the needs of children and families. Critical gaps in the service array include foster homes (for children of all ages), and substance abuse and mental health services for children, youth, and parents. CFSR findings further indicate that services are not accessible in all political jurisdictions of the State and that MDHS has limited ability to individualize services for the children and families served by the agency.

The overall findings with regard to the State's performance on the safety and permanency outcomes are presented in table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in table 2. Table 3 presents the State's performance relative to the national standards and table 4 provides information pertaining to the State's substantial conformity with the seven systemic factors assessed through the CFSR. A summary of major findings is presented below.

## **I. KEY FINDINGS RELATED TO OUTCOMES**

### **Safety Outcome 1: Children are first and foremost protected from abuse and neglect**

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to whether children experience a recurrence of substantiated or indicated maltreatment (item 2).

Mississippi did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 84.4 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standard for the percentage of children maltreated while in foster care by foster parents or facility staff.

However, the State did meet the national standard for the percentage of children experiencing two or more substantiated or indicated child maltreatment reports within a 6-month period.

Ratings for this outcome differed substantively across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Adams County cases and 83 percent of Washington County cases, compared to 76 percent of Hinds County cases.

A key CFSR finding was that MDHS is not consistent with regard to initiating investigations within the State's required time frames, particularly in Hinds County. In addition, although there was little evidence of repeat maltreatment in the cases in any of the CFSR sites, stakeholders expressed concern that the low rate of reported maltreatment recurrence may be due to a practice in many areas of the State of not substantiating maltreatment reports even when there is evidence to warrant substantiation.

## **Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate**

Performance on Safety Outcome 2 is assessed through two indicators. One indicator (item 3) addresses the issue of the child welfare agency's efforts to prevent children's removal from their homes by providing services to the families that ensure children's safety while they remain in their homes. The other indicator (item 4) pertains to the child welfare agency's effectiveness in reducing risk of harm to children.

Mississippi did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 76.6 percent of the applicable cases reviewed, which does not meet the 90 percent required for a rating of substantial conformity.

Ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 87.5 percent of Hinds County cases and 83 percent of Adams County cases, compared to 45 percent of Washington County cases.

A key CFSR case review finding was that MDHS is inconsistent in its efforts to provide services to families to prevent removal. Although in most cases, appropriate services were provided to prevent removal and address risk of harm, there were many cases in which MDHS either did not provide services to ensure the child's safety while remaining in the home, or provided services that were insufficient to address risk of harm to the child in the home.

The Statewide Assessment notes Mississippi was the first State to pilot the new federal strategy for the Child and Family Services Reviews in June of 1995. For the pilot review, the federal team conducted on-site reviews in three counties. The pilot review found that there was an insufficient array of preventive services available to protect children within their own families and homes. Because

of these pilot review findings, the Family Preservation Program was increased from two social workers in Hinds County to a statewide program of family preservation specialists and homemakers. Stakeholders during the CFSR conducted in February 2004 expressed the opinion that the statewide Family Preservation Program provides effective services in preventing children from being removed from their homes. However, stakeholders voiced concern that the supply of these services is not sufficient to meet the demand.

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

There are six indicators incorporated in the assessment of Permanency Outcome 1, although not all of them are relevant for all children. The indicators pertain to the child welfare agency's effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining indicators focus on the child welfare agency's success in achieving permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether children who have "other planned living arrangements" as a case goal are in stable placements and adequately prepared for eventual independent living (item 10).

Mississippi did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 36.0 percent of the cases, which is less than the 90 percent required for an overall rating of substantial conformity.
- The State Data Profile indicates that for fiscal year (FY) 2002, the State did not meet the national standards for (1) the percent of children reunified who were reunified within 12 months of entry into foster care, (2) the percent of children adopted who achieved a finalized adoption within 24 months of entry into foster care, or (3) the percentage of children in foster care for less than 12 months who experienced no more than 2 placements.

The FY 2002 data provided in the State Data Profile indicate that the State met the national standard for the percentage of children entering foster care who were re-entering within 12 months of a prior discharge.

Although performance on this outcome was generally low in all CFSR sites, there was considerable variation. The outcome was determined to be substantially achieved in 60 percent of Adams County cases, compared to 38 percent of Hinds County cases and 14 percent of Washington County cases.

A key CFSR finding was that both case reviews and State data indicate that MDHS is effective in preventing children's re-entry into foster care within 12 months from a prior foster care episode. However, all other indicators for Permanency Outcome 1 were identified as Areas Needing Improvement. One concern identified was that MDHS is not consistent in its efforts to achieve

permanency for children in a timely manner. Another concern was that MDHS does not engage in adequate matching of children with foster placements to ensure placement stability while in foster care.

**Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.**

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Mississippi did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 56.0 percent of the cases, which is less than the 90 percent required for substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was variation across sites. The outcome was determined to be substantially achieved in 69 percent of Hinds County cases and 57 percent of Washington County cases, compared to 20 percent of Adams County cases.

A key CFSR finding is that all indicators for Permanency Outcome 2 were rated as Areas Needing Improvement. Areas of particular concern pertained to the inconsistency of MDHS practice with regard to ensuring sufficient visitation between children and their parents and siblings in foster care, seeking relatives as placement resources, and promoting the parent-child relationship while children are in foster care.

**Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

Well Being Outcome 1 incorporates four indicators. One pertains to the child welfare agency's efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator examines the child welfare agency's effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker's contacts with the children in their caseloads (item 19) and with the children's parents (item 20).



Mississippi did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 36.0 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity. The outcome was substantially achieved in 58 percent of Adams County cases, 37.5 percent of Hinds County cases, and 14 percent of Washington County cases.

A key CFSR finding is that MDHS is not consistent in its efforts to assess the service needs and provide services to children, parents, and foster parents; involve children and parents in the case planning process; and establish sufficient face-to-face contact with children and parents. Also, for all indicators except “worker visits with child” (item 19), over 50 percent of the cases were rated as an Area Needing Improvement.

### **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

There is only one indicator for Well-Being Outcome 2. It pertains to the child welfare agency’s effectiveness in addressing and meeting the educational needs of children in both foster care and in-home services cases (item 21).

Mississippi did not achieve substantial conformity with Well-Being Outcome 2. This determination is based on the finding that the outcome was determined to be substantially achieved in 75.9 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. A key CFSR finding was that MDHS is not consistently effective in meeting children’s educational needs, particularly children in the in-home services cases.

### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

This outcome incorporates two indicators that assess the child welfare agency’s efforts to meet children’s physical health (item 22) and mental health (item 23) needs.

Mississippi did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 52.4 percent of the 42 applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was considerable variation across sites. The outcome was determined to be substantially achieved in 62.5 percent of Adams County cases and 61 percent of Hinds County cases, compared to 27 percent of Washington County cases.

A key CFSR finding with regard to this outcome was that MDHS is not consistent in its efforts to meet children's physical or mental health needs. Identified concerns pertained to a lack of dentists who will accept Medicaid and a general lack of mental health services throughout the State.

## **II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS**

### **Statewide Information System**

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a Statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care (item 24).

Mississippi did not achieve substantial conformity with the systemic factor of Statewide Information System because the data quality is compromised due to poor data entry. Information available from MACWIS does not consistently reflect a child's current situation that will enable MDHS to readily identify the status, demographic characteristics, location and goals for the placement of every child.

### **Case Review System**

Five indicators are used to assess the State's performance with regard to the systemic factor of Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

The State of Mississippi is not in substantial conformity with the systemic factor of Case Review System. This determination is based on the following CFSR findings:

- Case plans are not developed jointly with the child's parent on a consistent basis.
- The State is unable to consistently implement a process to insure the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.
- The State and the courts are not consistently ensuring that each child in foster care has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

- The State does not consistently provide a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.
- The State does not consistently provide a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be in, any review or hearing with respect to the child.

### **Quality Assurance System**

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Mississippi is not in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that although the State has developed and implemented procedures to ensure that children in foster care are provided quality services that protect the safety and health of the children, the State's Quality Improvement system is not fully operational. Quality Improvement was launched in January 2003 in seven of the nine regions and is limited to the review of case records for newly opened in-home cases.

### **Training**

The systemic factor of Training incorporates an assessment of the State's new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

Mississippi did not achieve substantial conformity with the systemic factor of Training. The CFSR determined that although the State provides initial training for staff who deliver services under titles IV-B and IV-E, the State is unable to provide ongoing training that addresses all the skills and knowledge base needed by staff to carry out their duties with regard to the services included in the CFSP. The CFSR also found that the State's training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E does not adequately address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

## **Service Array**

The assessment of the systemic factor of Service Array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? (3) Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Mississippi did not achieve substantial conformity with the systemic factor of Service Array. The CFSR determined that the State does not have in place a sufficient array of services to assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. Critical gaps in the service array are foster homes for children of all ages, substance abuse services for adolescents and adults, and mental health services for children and families. In addition, services are not accessible to families and children in all political jurisdictions covered in the State's CFSP. Finally, the CFSR found that county staff have a limited ability to individualize services for all children and families served by the agency.

## **Agency Responsiveness to the Community**

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State's consultation with external stakeholders in developing the Child and Family Services Plan (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally assisted programs serving the same population (item 40).

Mississippi is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. The CFSR determined the State engages in consultation with tribal representatives, consumers, service providers, foster care providers, the court, and other public and private child- and family-serving agencies. The agency develops, in consultation with representatives, annual reports of progress and services delivered pursuant to the CFSP. CFSR findings indicate that the State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's

efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children (item 45).

Mississippi is in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention. The CFSR determined that Mississippi has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards. Also, the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. CFSR findings indicate that the State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements. In addition, the State has a process to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. However, the CFSR also found that there is no comprehensive process to ensure the adequate recruitment of potential and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

**Table 1. Mississippi CFSR Ratings for Safety and Permanency Outcomes and Items**

<b>Outcomes and Indicators</b>	<b>Outcome Ratings</b>			<b>Item Ratings</b>		
	<i><b>In Substantial Conformity?</b></i>	<i><b>Percent Substantially Achieved*</b></i>	<i><b>Met National Standards?</b></i>	<i><b>Rating**</b></i>	<i><b>Percent Strength</b></i>	<i><b>Met National Standards</b></i>
Safety Outcome 1-Children are first and foremost, protected from abuse and neglect	No	84.4	Met 1, did not meet 1			
Item 1: Timeliness of investigations				ANI	76	
Item 2: Repeat maltreatment				Strength	98	Yes
Safety Outcome 2 - Children are safely maintained in their homes when possible and appropriate	No	76.6				
Item 3: Services to prevent removal				ANI	75	
Item 4: Risk of harm				ANI	79	
Permanency Outcome 1- Children have permanency and stability in their living situations	No	36.0	Met 1, did not meet 3			
Item 5: Foster care re-entry				Strength	100	Yes
Item 6: Stability of foster care placements				ANI	60	No
Item 7: Permanency goal for child				ANI	64	
Item 8: Reunification, guardianship and placement with relatives				ANI	42	No
Item 9: Adoption				ANI	20	No
Item 10: Other planned living arrangement				ANI	75	
Permanency Outcome 2 - The continuity of family relationships and connections is preserved	No	56.0				
Item 11: Proximity of placement				ANI	84	
Item 12: Placement with siblings				ANI	77	
Item 13: Visiting with parents and siblings in foster care				ANI	55	
Item 14: Preserving connections				ANI	84	
Item 15: Relative placement				ANI	68	
Item 16: Relationship of child in care with parents				ANI	47	

\*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).

**Table 2. Mississippi CFSR Ratings for Child and Family Well Being Outcomes and Items**

<b>Outcomes and Indicators</b>	<b>Outcome Ratings</b>		<b>Item Ratings</b>			
	<i><b>In Substantial Conformity?</b></i>	<i><b>Percent Substantially Achieved*</b></i>	<i><b>Met National Standards</b></i>	<i><b>Rating**</b></i>	<i><b>Percent Strength</b></i>	<i><b>Met National Standards</b></i>
Well Being Outcome 1 - Families have enhanced capacity to provide for children's needs	No	36.0				
Item 17: Needs/services of child, parents, and foster parents				ANI	42	
Item 18: Child/family involvement in case planning				ANI	38	
Item 19: Worker visits with child				ANI	56	
Item 20: Worker visits with parents				ANI	39	
Well Being Outcome 2 - Children receive services to meet their educational needs	No	75.9				
Item 21: Educational needs of child				ANI	76	
Well Being Outcome 3 - Children receive services to meet their physical and mental health needs are met	No	52.4				
Item 22: Physical health of child				ANI	74	
Item 23: Mental health of child				ANI	50	

\*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).

**Table 3: Mississippi Performance on the Six Outcome Measures for Which National Standards have been Established**

<b>Outcome Measure</b>	<b>National Standard</b>	<b>Mississippi Data FY 2002</b>
Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?	6.1% or less	4.6%
Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?	0.57% or less	0.59%
Of all children who entered foster care in FY 2001, what percent were re-entering care within 12 months of a prior foster care episode?	8.6% or less	4.6%
Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care?	76.2% or more	56.7%
Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care?	32.0% or more	19.0%
Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings?	86.7% or more	55.0%



**Table 4: Mississippi CFSR Ratings for the Seven Systemic Factors**

<b>Systemic Factors</b>	<b>In Substantial Conformity?*</b>	<b>Rating**</b>
<b>IV. Statewide Information System</b>	No (2)	
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care		ANI
<b>V. Case Review System</b>	No (2)	
Item 25: Process for developing a case plan and for joint case planning with parents		ANI
Item 26: Process for 6-month case reviews		ANI
Item 27: Process for 12-month permanency hearings		ANI
Item 28: Process for seeking TPR in accordance with ASFA		ANI
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		ANI
<b>VI. Quality Assurance System</b>	No (2)	
Item 30: Standards to ensure quality services and ensure children's safety and health		Strength
Item 31: Identifiable QA system that evaluates the quality of services and improvements		ANI
<b>VII. Training</b>	No (2)	
Item 32: Provision of initial staff training		Strength
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge.		ANI
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		ANI
<b>VIII. Service Array</b>	No (1)	
Item 35: Availability of array of critical services		ANI
Item 36: Accessibility of services across all jurisdictions		ANI
Item 37: Ability to individualize services to meet unique needs		ANI
<b>IX. Agency Responsiveness to the Community</b>	Yes (3)	
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP		Strength
Item 39: Develops annual progress reports in consultation with stakeholders		Strength
Item 40: Coordinates services with other Federal programs		Strength
<b>X. Foster and Adoptive Parent Licensing, Recruitment and Retention</b>	Yes (3)	
Item 41: Standards for foster family and child care institutions		Strength
Item 42: Standards are applied equally to all foster family and child care institutions		Strength
Item 43: Conducts necessary criminal background checks		Strength
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity		ANI
Item 45: Uses cross-jurisdictional resources to find placements		Strength

\*Systemic factors are rated on a scale from 1 to 4. A rating of 1 or 2 indicates "Not in Substantial Conformity." A rating of 3 or 4 indicates Substantial Conformity.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).

## **FINAL REPORT MISSISSIPPI CHILD AND FAMILY SERVICES REVIEW**

### **Introduction**

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Mississippi. The CFSR was conducted the week of February 9, 2004. The Period Under Review (PUR) for the onsite review was October 1, 2002 through February 9, 2004. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Mississippi Department of Human Services (MDHS), Division of Family and Children’s Services;
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 2000 through 2002;
- Reviews of 50 cases at three sites in the State (Adams County, Hinds County, and Washington County); and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, Tribes, collaborating agency personnel, service providers, court personnel, and attorneys.

The key characteristics of the 50 cases reviewed are the following:

- Twenty-four cases were reviewed in Hinds County (Jackson), 12 in Adams County (Natchez), and 14 in Washington County (Greenville). These sites differed with respect to their economic characteristics as described in the Statewide Assessment. In Hinds County (population 196,637), the median family income is \$33,991 and 72 percent of the children in school are eligible for free or reduced-price school lunches. In contrast, in Washington County (population 45,229), the median family income is \$25,757 and 89 percent of the children enrolled in school are eligible for free or reduced-price school lunches. Similarly, in Adams County (population 19,460), the median family income is \$25,234. The school lunch information was not provided for Adams County.
- All 50 cases had been open cases at some time during the period under review.
- 25 cases were “foster care cases” (cases in which children were in the care and custody of the State child welfare agency and in an out-of-home placement at some time during the period under review), and 25 were “in-home services cases” (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care during the period under review).

- Of the 25 foster care cases, 8 children (32%) were younger than age 10 at the start of the period under review; 4 children (16%) were at least 10 years old, but not yet 13 years old; and 13 children (52%) were 13 years of age or older at the time of the onsite review.
- Of the 25 foster care cases, 17 children (68%) were male and 8 (32%) were female.
- Of the 25 foster care cases, there were 22 cases (88%) in which the target child was Black (non-Hispanic), 1 case (4%) in which the target child was White (non-Hispanic), and 2 cases (8%) in which the child was of two or more races. Both of these latter children were reported to be part Native American.
- Of the 25 in-home cases, there were 18 cases (72%) in which all children in the family were Black (non-Hispanic), 5 cases (20%) in which all children in the family were White (Non-Hispanic), and 2 cases (8%) in which all the children in the family were of two or more races.
- Of the 50 cases reviewed, the **primary** reason for the opening of a child welfare agency case was the following:
  - Neglect (not including medical neglect) – 25 cases (50%)
  - Physical abuse – 12 cases (24%)
  - Sexual abuse – 7 cases (14%)
  - Abandonment – 2 cases (4%) (These children were actually “unaccompanied refugee minors.”)
  - Substance abuse by parents – 2 cases (4%)
  - Mental/physical health of child – 1 case (2%)
  - Medical neglect – 1 case (2%)
- Of the 50 cases reviewed, the most frequently cited of all reasons for children coming to the attention of the child welfare agency were the following:
  - Neglect (not including medical neglect) – 29 cases (58% of all cases)
  - Physical abuse – 17 cases (34% of all cases)
  - Sexual abuse – 9 cases (18% of all cases)
- In 17 (68%) of the 25 foster care cases, the children entered foster care prior to the period under review and remained in care during the entire period under review.

Although there were no juvenile justice cases in the CFSR sample, many children who are adjudicated as delinquent enter foster care through the juvenile justice system. This is not uniform throughout the State, however. Delinquent children in Adams County enter care through the foster care system. Although their presenting issues are those that typically fall under the jurisdiction of the juvenile justice system, the Court orders these children into MDHS custody to obtain placement and services for delinquency or drug-related issues. In other counties, the Court may declare children dependent once they have completed their commitment to juvenile justice. In some instances, custody is given to MDHS when families refuse to take the child back home or when the judge determines that it is not in the child’s best interest to return home.

The first section of the report presents CFSR findings relevant to the State's performance in achieving specific outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table presenting key findings, a discussion of the State's status with regard to the outcome, and a presentation and discussion of each item (indicator) assessed. The second section of the report provides an assessment and discussion of the seven systemic factors relevant to the child welfare agency's ability to achieve positive outcomes for children.

## SECTION 1: OUTCOMES

### I. SAFETY

#### Safety Outcome 1

<b>Outcome S1: Children are, first and foremost, protected from abuse and neglect.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	12	16	10	38	84.4
Partially Achieved:	0	5	2	7	15.6
Not Achieved or Addressed:	0	0	0		
Not Applicable:	0	3	2		
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard (percentage)</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Repeat maltreatment	6.1	4.6	X		
Maltreatment of children in foster care	0.57	0.59		X	

#### STATUS OF SAFETY OUTCOME 1

Mississippi did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 84.4 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standard for the percentage of children maltreated while in foster care by foster parents or facility staff.

However, the State did meet the national standard for the percentage of children experiencing two or more substantiated or indicated child maltreatment reports within a 6-month period.

Ratings for this outcome differed substantively across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Adams County cases and 83 percent of Washington County cases, compared to 76 percent of Hinds County cases.

A key CFSR finding was that MDHS is not consistent with regard to initiating investigations within the State's required time frames, particularly in Hinds County. In addition, although there was little evidence of repeat maltreatment in the cases in any of the CFSR sites, stakeholders expressed concern that the low rate of reported maltreatment recurrence may be due to a practice in many areas of the State of not substantiating maltreatment reports even when there is evidence to warrant substantiation.

The findings pertaining to the specific items assessed under Safety Outcome 1 are presented below.

### **Item 1. Timeliness of initiating investigations of reports of child maltreatment**

☐ Strength      ☒ Area Needing Improvement

**Review Findings:** The assessment of item 1 was applicable for 25 of the 50 cases. Twenty-five cases were not applicable because they did not involve reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review had been initiated in accordance with the State child welfare agency requirements. MDHS policy is that all investigations of abuse which should be considered a felony crime under State or Federal law shall be initiated immediately. Other reports must be initiated within 24 clock hours (not work hours) of receipt of report. An investigation is considered initiated when face-to-face contact is made with the involved children. The results of the assessment were the following:

- Item 1 was rated as a Strength in 19 (76%) of the 25 applicable cases (9 of the 19 cases were foster care cases).
- Item 1 was rated as an Area Needing Improvement in 6 (24%) of the 25 applicable cases (2 of the 6 cases were foster care cases).

Ratings for item 1 varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of the 6 applicable Adams County cases and 86 percent of the 7 applicable Washington County cases, compared to 58 percent of the 12 applicable Hinds County cases. Of the six cases rated as an Area Needing Improvement for this item, five were in Hinds County.

Item 1 was rated as a Strength when face-to-face contact was established with the child within the required State timeframes. The item was rated as an Area Needing Improvement in 6 cases because face-to-face contact was not established within the 24-hour timeframe required for the reports. In 2 of these cases, the investigation was not initiated for 2 days; in 1 case, the investigation was not initiated for 3 days, and in the remaining 3 cases, the investigation was not initiated for 4 or more days. In one case, the maltreatment report involved an allegation of abuse in a treatment facility.

Most stakeholders commenting on the issue of timeliness of investigations expressed the opinion that MDHS initiates responses to maltreatment reports in a timely manner. However, many stakeholders voiced concern about the fact that a large number of reports are “screened out” prior to investigation and there are no consistent criteria for decision-making regarding this process. Stakeholders also noted that “follow-up” on investigations after the initial contact with the child is made often do not occur in a timely manner.

***Determination and Discussion:*** Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 24 percent of the applicable cases, MDHS had not established face-to-face contact with the child subject of a maltreatment report in accordance with the State’s required timeframes.

According to the Statewide Assessment, there is inconsistent practice among the Regions and counties with regard to the rate of reports that are screened out prior to investigation. It was noted that this rate may differ as much as 38 percent across the counties.

## **Item 2. Repeat maltreatment**

☒ Strength      ☐ Area Needing Improvement

***Review Findings:*** The assessment of item 2 was applicable for 44 of the 50 cases. Six cases were not applicable because there was never a substantiated or indicated child maltreatment report on any of the children in the family. These cases were opened primarily to permit the family or child to receive specialized services. In assessing this item, reviewers were to determine whether there had ever been a substantiated report on the family. Reviewers also were to determine if there was at least one substantiated maltreatment report during the period under review, and if so, if another substantiated or indicated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 43 (98%) of the 44 applicable cases (20 of the 43 cases were foster care cases).
- Item 2 was rated as an Area Needing Improvement in 1 (2%) of the 44 applicable cases (this case was a foster care case).

Item 2 was rated as a Strength under the following circumstances:

- There was a substantiated or indicated maltreatment report involving the family prior to the period under review, but no substantiated or indicated report during the period under review (30 cases).
- There was a substantiated or indicated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report (13 cases).

The item was rated as an Area Needing Improvement in 1 case in which 2 substantiated reports occurred within 6 months of one another. In this case, the perpetrator of the maltreatment was the same and the maltreatment involved similar circumstances.

Additional findings with respect to the frequency of maltreatment reports (both substantiated and unsubstantiated) on the family prior to and during the period under review for all 50 cases were the following:

- In 3 cases, there was never a maltreatment report on the family.
- In 14 cases, there was 1 maltreatment report.
- In 24 cases, there were between 2 and 5 maltreatment reports.
- In 8 cases, there were between 6 and 10 maltreatment reports.
- In 1 case, there were more than 10 maltreatment reports.

Stakeholders commenting on this item expressed the opinion that there are many instances of maltreatment recurrence in the State. They noted that because so many maltreatment reports are not substantiated, these instances do not appear as repeat maltreatment either in the statewide data or in the case files. State stakeholders indicated that a large percentage of maltreatment reports involve the same victim, the same perpetrator, and the same complaints, but are not substantiated even when there is evidence to warrant substantiation. Stakeholders noted, however, that reports of maltreatment that are received on open cases are investigated as new reports if they are new allegations.

***Determination and Discussion:*** Item 2 was assigned an overall rating of Strength based on the following:

- The item was rated as a Strength in 98 percent of the applicable cases.
- The State's rate of maltreatment recurrence for 2002 (4.6%), as reported in the State Data Profile, meets the national standard of 6.1 percent or less.

According to the Statewide Assessment, for the child deaths in 2002 and 2003, there was agency involvement with the families prior to the child's death. All child deaths are reviewed by the agency to determine if the situation warrants any policy changes. Recommendations for changes are included in the annual report of the Child Fatality Review Team.



## Safety Outcome 2

<b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	10	21	5	36	76.6
Partially Achieved:	0	1	1	2	4.3
Not Achieved or Addressed:	2	2	5	9	19.1
Not Applicable:	0	0	3		

## STATUS OF SAFETY OUTCOME 2

Mississippi did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 76.6 percent of the applicable cases reviewed, which does not meet the 90 percent required for a rating of substantial conformity.

Ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 87.5 percent of Hinds County cases and 83 percent of Adams County cases, compared to 45 percent of Washington County cases.

A key CFSR case review finding was that MDHS is inconsistent in its efforts to provide services to families to prevent removal. Although in most cases, appropriate services were provided to prevent removal and address risk of harm, there were many cases in which MDHS either did not provide services to ensure the child's safety while remaining in the home, or provided services that were insufficient to address risk of harm to the child in the home.

The Statewide Assessment notes Mississippi was the first State to pilot the new federal strategy for the Child and Family Services Reviews in June of 1995. For the pilot review, the federal team conducted on-site reviews in three counties. The pilot review found that there was an insufficient array of preventive services available to protect children within their own families and homes. Because of these pilot review findings, the Family Preservation Program was increased from two social workers in Hinds County to a statewide program of family preservation specialists and homemakers. Stakeholders during the CFSR conducted in February 2004 expressed the opinion that the statewide Family Preservation Program provides effective services in preventing children from being removed from their homes. However, stakeholders voiced concern that the supply of these services is not sufficient to meet the demand.

Findings pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

### **Item 3. Services to family to protect child(ren) in home and prevent removal**

\_\_\_\_\_ Strength        X   Area Needing Improvement

**Review Findings:** An assessment of item 3 was applicable for 32 of the 50 cases. Cases were excluded from this assessment if the children entered foster care prior to the period under review and/or there were no substantiated or indicated maltreatment reports or identified risks of harm to any children in the home during the period under review. For this item, reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of this assessment were the following:

- Item 3 was rated as a Strength in 24 (75%) of the 32 applicable cases (7 of the 24 cases were foster care cases).
- Item 3 was rated as an Area Needing Improvement in 8 (25%) of the 32 applicable cases (2 of the 8 cases were foster care cases).

Ratings for this item differed considerably across CFSR sites. The item was rated as a Strength in 93 percent of Hinds County cases and 80 percent of Adams County cases, compared to 37.5 percent of Washington County cases.

Item 3 was rated as a Strength when reviewers determined the following:

- Appropriate services were provided to parents and children to prevent removal (18 cases).
- Services were not provided and children were immediately and appropriately removed from the home to ensure their safety (5 cases).
- Services were provided but the child was removed when the parent did not comply (1 case).

The item was rated as an Area Needing Improvement when reviewers determined that MDHS:

- Did not provide services to ensure the safety of the child (2 cases).
- Provided services that were insufficient to maintain the child safely in the home (5 cases).
- Provided services that were not appropriate for the family's needs (1 case).

Reviewers identified the following services provided to families: family preservation services, individual counseling, family counseling, parenting skills education, supervised visitation, frequent home visits by caseworkers or service providers to monitor family, voluntary placement with relatives, referrals for mental health services, removal of the perpetrator from the home, emergency

medical care, concrete services (i.e., food vouchers, clothing, emergency utility assistance, furniture, etc.), life skills services (money management, career planning, information on proper hair and dental care, etc.), and homemaker services.

Most stakeholders commenting on this item expressed the opinion that family preservation services throughout the State are effective in preventing children from being removed from their homes. However, stakeholders voiced concern that the supply of these services is not sufficient to meet the demand. Consequently, in most locations in the State, there are waiting lists for family preservation services.

Stakeholders in Washington County noted that family preservation services are not readily available for families whose children are at imminent risk of entering out-of-home care. One factor that affects the availability of these services is that the court often orders family preservation services for families who do not meet the referral criteria, such as families whose children are not at risk of abuse and neglect or a family whose involvement with the agency exceeds the twelve-week time limit for service provision.

***Determination and Discussion:*** Item 3 was assigned an overall rating of Area Needing Improvement because in 25 percent of the cases, reviewers determined that MDHS had not made diligent efforts to provide the necessary services to maintain children safely in their own homes.

According to the Statewide Assessment, the increased availability of Family Preservation Services, Family Resource Centers, and Project Homestead (a local community-based partnership system) allows a greater number of children to remain safely in their own home. However, the Statewide Assessment also notes that there is extensive variation in practice among the Regions of the State with regard to the criteria used to open cases for on-going services. As indicated in the Statewide Assessment, in 2002, only 45.5 percent of the cases reported for child maltreatment received on-going services.

#### **Item 4. Risk of harm to child**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

***Review Findings:*** An assessment of item 4 was applicable for 47 cases. Three cases were excluded from the assessment because they were not opened due to child maltreatment and there was no risk of harm to the child. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. The assessment resulted in the following findings:

- Item 4 was rated as a Strength in 37 (79%) of the 47 applicable cases (21 of the 37 cases were foster care cases).

- Item 4 was rated as an Area Needing Improvement in 10 (21%) of the 47 applicable cases (3 of the 10 cases were foster care cases).

Ratings for item 4 differed considerably across CFSR sites. The item was rated as an Area Needing Improvement in 87.5 percent of Hinds County cases and 83 percent of Adams County cases, compared to 55 percent of Washington County cases.

Item 4 was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by removing the children from the home and placing them in foster care either prior to or during the period under review and providing services to the parents (14 cases).
- The risk of harm to children from homelessness was appropriately managed by placing the child in foster care (2 cases – children were unaccompanied refugees).
- The risk of harm to children was appropriately managed by removing the children from the home and placing them in foster care either prior to or during the period under review and seeking termination of parental rights (TPR) (5 cases).
- The risk of harm to children was appropriately managed by providing services to families to address risk and by assessing risk on an ongoing basis while the children remained in the home (11 cases).
- The risk of harm to children was appropriately managed by placing children voluntarily with relatives while providing services to the parents (4 cases).
- The risk of harm to children was appropriately managed by providing shelter services to the family until the perpetrator (stepfather) was arrested (1 case).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- Either no services were provided or the services provided were not adequate to reduce risk of harm for all children in the family and children remained at risk (7 cases).
- The agency did not monitor service participation or assess risk on an ongoing basis (2 cases).
- There was insufficient assessment of risk of harm to children in their foster homes and risk issues were not addressed (1 case).

Stakeholders commenting on this item expressed differing opinions. Some stakeholders reported that MDHS is effective in addressing risk of harm for children who remain in their homes or who are in foster care. They noted that a risk assessment tool is used on a consistent basis. Other stakeholders, however, voiced concern that risk of harm is not being appropriately addressed on a consistent basis because of a lack of ongoing assessment. Hinds County stakeholders suggested that the court often will relieve MDHS of supervision of children placed with relatives before the risk issues are resolved.

With regard to risk of harm in foster care, stakeholders reported that reports of maltreatment in foster care in one county are investigated by staff from another county. Stakeholders also suggested that maltreatment in foster care may be a result of too many children in a foster home.

**Determination and Discussion:** Item 4 was assigned an overall rating of Area Needing Improvement because in 21 percent of the applicable cases reviewers determined that MDHS had not made diligent efforts to address the risk of harm to the children.

According to the Statewide Assessment, there is inconsistent practice among MDHS social workers with regard to the determination of the level of risk of child maltreatment. The Statewide Assessment also notes that MDHS addresses the issue of risk of harm to children through the Family Assessment process, which includes a review of all prior reports of child maltreatment, and through a Supervisory Case Review process in which supervisors assess the level of risk of child maltreatment on an ongoing basis.

## II. PERMANENCY

### Permanency Outcome 1

<b>Outcome P1: Children have permanency and stability in their living situations.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	3	5	1	9	36.0
Partially Achieved:	1	6	6	13	52.0
Not Achieved or Addressed:	1	2	0	3	12.0
Not Applicable:					
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard (percentage)</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Foster care re-entries	8.6 or less	4.6	X		
Length of time to achieve reunification	76.2 or more	56.7		X	
Length of time to achieve adoption	32.0 or more	19.0		X	
Stability of foster care placements	86.7 or more	55.0		X	

## STATUS OF PERMANENCY OUTCOME 1

Mississippi did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- The outcome was substantially achieved in 36.0 percent of the cases, which is less than the 90 percent required for an overall rating of substantial conformity.
- The State Data Profile indicates that for fiscal year (FY) 2002, the State did not meet the national standards for (1) the percent of children reunified who were reunified within 12 months of entry into foster care, (2) the percent of children adopted who achieved a finalized adoption within 24 months of entry into foster care, or (3) the percentage of children in foster care for less than 12 months who experienced no more than 2 placements.

The FY 2002 data provided in the State Data Profile indicate that the State met the national standard for the percentage of children entering foster care who were re-entering within 12 months of a prior discharge.

Although performance on this outcome was generally low in all CFSR sites, there was considerable variation. The outcome was determined to be substantially achieved in 60 percent of Adams County cases, compared to 38 percent of Hinds County cases and 14 percent of Washington County cases.

A key CFSR finding was that both case reviews and State data indicate that MDHS is effective in preventing children's re-entry into foster care within 12 months from a prior foster care episode. However, all other indicators for Permanency Outcome 1 were identified as Areas Needing Improvement. One concern identified was that MDHS is not consistent in its efforts to achieve permanency for children in a timely manner. Another concern was that MDHS does not engage in adequate matching of children with foster placements to ensure placement stability while in foster care.

Findings pertaining to the specific items assessed under Permanency Outcome 1 are presented below.

### Item 5. Foster care re-entries

☒ Strength                      ☐ Area Needing Improvement

**Review Findings:** Six of the 25 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care during the period under review. In assessing this item, reviewers determined whether the entry into

foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The assessment resulted in the finding of all six cases (100%) being rated as a Strength.

Item 5 was rated as a Strength when a child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode.

Stakeholders commenting on the issue of foster care re-entry were in general agreement that there is not a lot of re-entry into foster care. They attributed this to the MDHS practice of providing support services to families when children are returned home. However, Hinds County stakeholders expressed the opinion that "reunifications" that involve placements with relatives or family friends often disrupt.

***Determination and Discussion:*** Item 5 was assigned an overall rating of Strength based on the following:

- In 100 percent of the applicable cases reviewed, children entering foster care were not re-entering within 12 months of discharge from a prior episode.
- The data from the State Data Profile indicate that Mississippi's re-entry rate (the percentage of children entering care who were entering within 12 months of discharge from a prior foster care episode) for FY 2002 (4.6%) meets the national standard of 8.6 percent or less.

According to the Statewide Assessment, children younger than 4 years of age represent the largest percentage of children re-entering foster care. The Statewide Assessment also notes that the primary circumstances that result in re-entry are adoption disruptions for older children, inadequate support of relative placements, poor screening of relative placements, and premature reunification.

#### **Item 6. Stability of foster care placement**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

***Review Findings:*** All 25 foster care cases were applicable for an assessment of item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. The findings of this assessment were the following:

- Item 6 was rated as a Strength in 15 (60%) of the 25 applicable cases.
- Item 6 was rated as an Area Needing Improvement in 10 (40%) of the 25 applicable cases.

Ratings for this item did not differ considerably across sites given the differences in sample sizes. The item was rated as a Strength in 71 percent of Washington County cases, compared to 60 percent of Adams County cases and 54 percent of Hinds County cases.

Additional findings of the case review were the following:

- Children in 9 cases experienced only 1 placement during the period under review (no placement changes).
- Children in 7 cases experienced 2 placements during the period under review.
- Children in 5 cases experienced 3 placements during the period under review.
- Children in 4 cases experienced 4 or more placements during the period under review. (During the period under review, one of these children experienced six placement changes and another child had seven placement changes.)

Item 6 was rated as a Strength when reviewers determined that the child did not experience a placement change during the period under review (9 cases), or that the placement changes experienced were in the child's best interest (7 cases), such as moving a child from one foster home to another to be with siblings.

The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- The child experienced placement changes that were not for the purpose of meeting the child's needs or attaining the child's goals (10 cases).
- The child's current placement is not stable (2 cases).

In seven of the 10 cases rated as an Area Needing Improvement, the child was an adolescent (age 13 or older) at the time of the onsite CFSR, and in two of those cases, the child was an adolescent when he/she entered foster care. In 3 cases the child was 5 years old or younger at the time of the onsite CFSR.

A key concern identified in the 10 cases rated as an Area Needing Improvement was the frequent use of shelter facilities as foster care placements. In all 10 cases, reviewers determined that shelter facilities were used as placements because of a lack of available foster homes and not for the purpose of conducting assessments to ensure appropriate matching of children with foster placements. In three of these cases, children moved from one shelter to another when the time limit was exceeded. Furthermore, in one case, a shelter facility was used as a placement for a 1-year-old child.

Another concern identified by reviewers pertained to multiple placement disruptions due to the child's behavior. Reviewers noted that there was no evidence that the agency provided support to foster parents to help maintain the placement when there was a threat of disruption due to behavioral acting out.



Most stakeholders commenting on this issue expressed the opinion that many children do not experience placement stability while in foster care. Stakeholders voiced concern about the frequent use of shelter care both at entry into foster care and when placements disrupt. They cited examples of children being left in this type of placement long after the 30-day time limit. While most stakeholders noted that attempts are made not to place very young children in shelters, they acknowledged that this does happen.

Stakeholders suggested that most placement changes are due to the child's behavior and the foster parent's inability to deal with that behavior, particularly when the child becomes an adolescent. However, stakeholders noted that most of these children should be in therapeutic foster care or other therapeutic settings, but these types of placements are not available. Consequently, children end up in a cycle of disrupted placements and multiple stays in shelter facilities.

***Determination and Discussion:*** Item 6 was assigned an overall rating of Area Needing Improvement based on the following:

- In 40 percent of applicable cases, reviewers determined that MDHS had not made concerted efforts to ensure placement stability for children in foster care.
- Data from the State Data Profile for FY 2002 indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (55.0%) does not meet the national standard of 86.7 percent or more.

According to the Statewide Assessment, the use of shelter care for the first placement is standard practice in some counties. Other placement changes may be attributed to a child's mental health problems or emotional instability. The Statewide Assessment also notes that younger children experience fewer placement moves than do older children.

### **Item 7. Permanency goal for child**

☐ Strength      ☒ Area Needing Improvement

***Review Findings:*** All 25 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated Strength in 16 (64%) of the 25 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 9 (36%) of the 25 applicable cases.

Ratings for item 7 varied across CFSR sites. The item was rated as a Strength in 80 percent of Adams County cases, compared to 62 percent of Hinds County cases and 57 percent of Washington County cases.

The case review found that the children in the 25 foster care cases had the following permanency goals:

- 10 children had a goal of adoption.
- 5 children had a goal of reunification.
- 1 child had a goal of guardianship.
- 2 children had a goal of permanent placement with relatives.
- 2 children had a goal of long-term foster care/emancipation.
- 5 children had concurrent goals-
  - In three cases, the concurrent goals were reunification and durable legal custody with relative (i.e., guardianship).
  - In one case, the child's concurrent goals were long-term foster care and emancipation.
  - In one case, the child's concurrent goals were emancipation and permanent placement with relative.

At the time of the onsite review, 19 of the 25 children had been in foster care for 15 of the most recent 22 months. The agency had filed for termination of parental rights (TPR) in eight of these cases. For the 11 cases for which TPR had not been filed, a reason or exception for not filing had been entered in 4 of the case files; in 7 case files, no reason or exception for not filing was provided.

Item 7 was rated as a Strength when reviewers determined that the child's permanency goal was appropriate and had been established in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The goal is/was appropriate but was not established in a timely manner (6 cases).
- The goal is not appropriate given the needs of the child and the circumstances of the case (3 cases).

Stakeholders commenting on this item expressed the opinion that MDHS is making efforts to meet the permanency timelines established by the Adoption and Safe Families Act (ASFA). For example, Adams County stakeholders reported that the court in that county requires concurrent permanency goals for all cases. This is confirmed by the case review, as case goals are worked on simultaneously and the court in Adams County reviewed agency efforts in this area.

However, many stakeholders noted that although concurrent goals appear in the case plans, most of the social workers tend to work on the goals consecutively rather than concurrently. They reported that this is particularly true when one of the goals is reunification and voiced concern that for many children, the goal of reunification is being maintained for too long.

***Determination and Discussion:*** Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 36 percent of the cases, reviewers determined that MDHS had not established an appropriate goal for the child in a timely manner.

According to the Statewide Assessment, MDHS policy mandates that each child must have a permanent plan and in most cases, a concurrent plan for permanency. However, as noted in the Statewide Assessment, a review of case files in MACWIS revealed that the permanent plan is missing in 43 percent of the cases. A Mock Case Review of 42 cases in five counties, conducted as part of the State's self-assessment, revealed that the permanency goal tended to be achieved more quickly when the social worker devoted significant time to case planning and practiced family engagement than when the social worker did not engage in these practices.

### **Item 8. Reunification, Guardianship, or Permanent Placement With Relatives**

☐ Strength      ☒ Area Needing Improvement

***Review Findings:*** Item 8 was applicable for 12 of the 25 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the goals of reunification, guardianship, or permanent placement with relatives for children in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals. The results of this assessment were the following:

- Item 8 was rated as a Strength in 5 (42%) of the 12 applicable cases.
- Item 8 was rated as an Area Needing Improvement in 7 (58%) of the 12 applicable cases.

The ratings for this item varied across CFSR sites. However, this variation is difficult to assess because the distribution of cases applicable for an assessment of item 8 also varied across sites. In Adams County, the goal of reunification, guardianship, or permanent placement with relatives was applicable for 3 of the 5 foster care cases, and 2 of these cases were rated as a Strength for this item. In Hinds County, the goal of reunification, guardianship, or permanent placement with relatives was applicable for only 3 of the 13 foster care cases, and 2 of these were rated as a Strength. In contrast, in Washington County, these goals were applicable for six of the seven foster care cases, but only one of these six cases was rated as a Strength.

Of the 12 applicable cases, 7 had reunification as at least one goal, 1 had a goal of guardianship, and 5 had a goal of permanent placement with relatives. Four of these children had concurrent goals. The permanency goal was achieved in 6 cases (4 reunifications and 2 permanent placements with relatives); in 3 of those cases, the goal was achieved within 12 months. In 4 of the 6 cases in which the child's goal had not yet been achieved, the child had been in foster care for longer than 12 months.

Item 8 was rated as a Strength when reviewers determined that MDHS had made, or was making, concerted efforts to achieve the goal of reunification, guardianship, or permanent placement with relatives in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Delays in achieving these goals could be attributed to lack of concerted effort on the part of MDHS to achieve these goals in a timely manner (4 cases).
- Delays in achieving the goal of reunification was due to the court not approving the agency's request for reunification (2 cases).
- Delays in achieving permanent placement with relatives occurred because of unresolved ICPC issues between Mississippi and Wisconsin (1 case).

Stakeholders commenting on this item expressed the opinion that many children remain in foster care for too long. They noted that although MDHS is beginning to focus on expediting permanency and on meeting ASFA timelines, the agency and/or the courts often continue to work with parents for extended periods of time, even when the prognosis for reunification is low.

***Determination and Discussion:*** Item 8 was assigned an overall rating of Area Needing Improvement based on the following:

- In 58 percent of the applicable cases, reviewers determined that there were avoidable delays in attaining the goals of reunification, guardianship, or permanent placement with relatives.
- Data from the State Data Profile indicate that for FY 2002, the percentage of reunifications occurring within 12 months of entry into foster care (56.7%) does not meet the national standard of 76.2 percent or more.

## **Item 9. Adoption**

☐ Strength      ☒ Area Needing Improvement

***Review Findings:*** Ten of the 25 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether diligent efforts had been, or were being, made to achieve finalized adoptions in a timely manner. The results were the following:

- Item 9 was rated as a Strength in 2 (20%) of the 10 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 8 (80%) of the 10 applicable cases.

Only one case was applicable for this item in Adams County and one in Washington County. In contrast, 8 of the 13 foster care cases in Hinds County had adoption as the permanency goal. Seven of these eight cases were rated as an Area Needing Improvement.

During the CFSR period under review, the adoption was finalized in 5 of the 10 applicable cases, and in 1 of these cases, the adoption was finalized within 24 months of the child's entry into foster care. Of the five cases for which adoption had not yet been achieved, three of the children were in adoptive placements.

Item 9 was rated as a Strength when reviewers determined that the State had achieved a finalized adoption in a timely manner. The item was rated as an Area Needing Improvement when the adoption had not been finalized within 24 months of the child's entry into foster care (4 cases) or when reviewers determined that there were unnecessary delays and a lack of diligent effort to achieve a finalized adoptions in a timely manner (4 cases).

Stakeholders commenting on this issue expressed differing opinions. Some stakeholders, particularly Adams County stakeholders, suggested that adoptions are taking place in a timely manner and courts are being diligent about preventing delays in terminating parental rights (TPR). In Adams County, the Court routinely renders TPR decisions within 6 months of the child entering foster care. The 6-month timeframe is included in the Court's administrative procedures. A few of these stakeholders, however, suggested that the adoption process is smoother and faster when the child is younger than 13 years old. Stakeholders in Hinds County had very different perspectives. They suggested that there are extensive delays in obtaining TPR, and extensive delays in attaining adoption finalization after TPR. Some Hinds County stakeholders expressed the opinion that adoptions are not occurring in a timely manner because social workers continue to maintain and work on a goal of reunification for too long. They noted that MDHS requests for TPR often are not made in accordance with State law. The Mississippi Code of 1972, Annotated, as amended Sections 43-15-13, allows for MDHS to proceed with termination of parental rights when the parents has not met the terms of the Individual Service Plan/Service Agreement within the first 6 months of their child entering foster care.

***Determination and Discussion:*** Item 9 was assigned an overall rating of Area Needing Improvement based on the following:

- Data from the State Data Profile indicate that the State's percentage of finalized adoptions in FY 2002 occurring within 24 months of entry into foster care (19.0%) does not meet the national standard of 32.0 percent or more.
- In 80 percent of the applicable cases, reviewers determined that the State had not made concerted efforts to achieve an adoption in a timely manner.

According to the Statewide Assessment, there is considerable variation in practice among Regions with regard to the timeliness of adoptions. For example, in the State's Region IV, the average length of time between court custody and the finalization of the adoption is less than 2 years, but in Region III, the average length of time is more than 10 years. The State average is more than 3 years.

## Item 10. Permanency goal of other planned permanent living arrangement

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** Four of the 25 foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in 3 (75%) of the 4 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 1 (25%) of the 4 applicable cases.

Item 10 was rated as a Strength in three cases when reviewers determined that the children, who were all adolescents, were receiving sufficient services to help them make the transition from foster care to independent living. In one case, the youth was noted to be in a group care setting and would remain in that setting until he turned 21. One case was rated as an Area Needing Improvement because reviewers determined that MDHS had not made sufficient efforts to provide services and a placement setting that were appropriate for the child, who is a 15-year-old mother.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that most older children who will be emancipated receive some type of independent living services, such as money management classes, job training and placement services, etc. However, stakeholders voiced concern about the effectiveness of these services in preparing children for successful independent living. State level stakeholders noted that at present, there are few supervised living arrangement programs in the State. However, they also noted that MDHS has plans to increase the availability of this service to at least one transitional living apartment in each county.

**Determination and Discussion:** Item 10 was assigned an overall rating of Area Needing Improvement because in one (25%) of the four applicable cases, reviewers determined that MDHS had not made concerted efforts to provide a stable placement or appropriate services to an adolescent mother whose child had been born while she was in foster care.

## Permanency Outcome 2

<b>Outcome P2: The continuity of family relationships and connections is preserved for children.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	1	9	4	14	56.0
Partially Achieved:	4	4	3	11	44.0
Not Achieved or Addressed:	0	0	0	0	
Not Applicable:					

## STATUS OF PERMANENCY OUTCOME 2

Mississippi did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 56.0 percent of the cases, which is less than the 90 percent required for substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was variation across sites. The outcome was determined to be substantially achieved in 69 percent of Hinds County cases and 57 percent of Washington County cases, compared to 20 percent of Adams County cases.

A key CFSR finding is that all indicators for Permanency Outcome 2 were rated as Areas Needing Improvement. Areas of particular concern pertained to the inconsistency of MDHS practice with regard to ensuring sufficient visitation between children and their parents and siblings in foster care, seeking relatives as placement resources, and promoting the parent-child relationship while children are in foster care.

Findings pertaining to the specific items assessed under Permanency Outcome 2 are presented below.

### Item 11. Proximity of foster care placement

\_\_\_\_ Strength                      \_\_X\_\_ Area Needing Improvement

**Review Findings:** Of the 25 foster care cases, 19 were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR had been attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. This assessment resulted in the following results:

- Item 11 was rated as a Strength in 16 (84%) of the 19 applicable cases.
- Item 11 was rated as an Area Needing Improvement in 3 (16%) of the 19 applicable cases.

Ratings for item 11 varied across CFSR sites. The item was rated as a Strength in 100 percent of applicable Washington County cases and 87.5 percent of applicable Hinds County cases, compared to 60 percent of applicable Adams County cases.

Item 11 was rated as a Strength when reviewers determined the following:

- The child was placed in the same county or community as the family of origin (10 cases).
- The child's out-of-county or out-of-State placement was necessary to meet the child's permanency needs through placement with relatives, siblings, or a potential guardian (3 cases).
- The child's out-of-county or State placement was necessary to meet the child's treatment needs (3 cases).

The item was rated as an Area Needing Improvement in 3 cases when reviewers determined that the out-of-county placement was not appropriate for the best interests of the child. In two of these cases, the out-of-county placement occurred because of a lack of placement resources for adolescents within the county. In the third case, reviewers were told that the children were placed out of county because social workers are unable to locate an in-county foster home that matched the children's race (Adams County).

Stakeholders commenting on this item during the onsite review expressed the opinion that children frequently are placed outside of their communities of origin because of a lack of placement resources. In particular, child sexual perpetrators are placed in out-of-State facilities. Stakeholders in Adams County reported that they have to place Caucasian children outside of the county because there are too few Caucasian foster homes in the county. Stakeholders in Hinds and Adams Counties attributed placements of children outside of their communities of origin to an overall lack of therapeutic foster homes and treatment facilities. Washington County stakeholders noted that adolescents in that county are frequently placed some distance from their communities because of a lack of foster homes in the county that will accept adolescents and a lack of group homes.

**Determination and Discussion:** Item 11 was assigned an overall rating of Area Needing Improvement because in 16 percent of the applicable cases, reviewers determined that the child was in a placement outside of his or her community of origin because of a lack of adequate placement resources or because of a perception that a Caucasian child could only be placed in a Caucasian foster home.



According to the Statewide Assessment, MDHS policy requires that efforts be made to locate placements in close proximity to the child's family of origin, consistent with the child's best interests and special needs. However, the Mock Case Review, conducted as part of the State's self-assessment process, revealed that a large number of children are not served in their home communities.

## **Item 12. Placement with siblings**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** Thirteen of the 25 foster care cases involved a child with siblings who were in foster care. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 10 (77%) of the 13 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 3 (23%) of the 13 applicable cases.

There were no substantive differences in ratings for this item across the CFSR sites.

In 10 of the 13 applicable cases, the child was in a placement with at least one other sibling, and in 7 of those 10 cases, the child was in a placement with all siblings. There were three cases in which the child was placed separately from all siblings.

Item 12 was rated as a Strength if the child was in placement with all of his or her siblings (7 cases), or if reviewers determined that the separation of the siblings was necessary to meet at least one child's safety or treatment needs (3 cases). The item was rated as an Area Needing Improvement in three cases when reviewers determined that there was no valid reason for the separation of the siblings.

Most stakeholders commenting on the issue of placement with siblings expressed the opinion that although MDHS makes diligent efforts to place children with their siblings, a lack of sufficient resources for large sibling groups results in many of these groups having to be separated while in foster care.

**Determination and Discussion:** Item 12 was assigned an overall rating of Area Needing Improvement based on the finding that in 23 percent of the applicable cases, reviewers determined that MDHS had not placed all siblings together in foster care.

According to the Statewide Assessment, young siblings and sibling pairs are more likely to be placed together than older siblings or sibling groups with three or more children.

### Item 13. Visiting with parents and siblings in foster care

\_\_\_\_ Strength                        X   Area Needing Improvement

**Review Findings:** An assessment of item 13 was applicable for 20 of the 25 foster care cases. Five cases were not applicable for an assessment of this item because TPR had been established prior to the period under review and parents were no longer involved in the children's lives (or parental visitation was terminated by court order), and the child had no siblings in foster care (or visitation between siblings was considered to be not in the child's best interest). In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 11 (55%) of the 20 applicable cases.
- Item 13 was rated as an Area Needing Improvement in 9 (45%) of the 20 applicable cases.

Ratings for this item varied across CFSR sites. The item was rated as a Strength in 62.5 percent of applicable Hinds County cases and 57 percent of applicable Washington County cases, compared to 40 percent of applicable Adams County cases.

Typical visitation between children and their mothers for the 14 cases for which this assessment was applicable was the following:

- Weekly visits – 4 cases.
- Monthly visits – 3 cases.
- Less than monthly visits - 6 cases.
- No visits – 1 case.

In four of seven cases in which visits with mother occurred less frequently than once a month, reviewers determined that MDHS had made concerted efforts to promote more frequent visitation.

Typical visitation between children and their fathers for the 13 cases for which this assessment was applicable was the following:

- Weekly visits – 2 cases.
- Twice a month visits – 1 case.
- Monthly visits – 1 case.
- Less than monthly visits – 4 cases.
- No visits – 5 cases.

In one of the nine cases in which visits with father occurred less frequently than once a month, reviewers determine that MDHS had made concerted efforts to promote more frequent visitation.

An assessment of visitation among siblings was applicable in 7 cases. Typical visitation between siblings was the following:

- Weekly visits – 1 case.
- Twice a month visits – 2 cases.
- Monthly visits – 2 cases.
- Less than monthly visits - 2 cases.

In one of the two cases in which visitation between siblings was less than monthly, reviewers determined that MDHS had not made concerted efforts to promote more frequent visitation.

Item 13 was rated as a Strength when reviewers determined that the frequency of visitation met the needs of the child and parent, or that, when visitation was less frequent than needed, MDHS had made diligent efforts to promote more frequent visitation. The item was rated as an Area Needing Improvement when reviewers determined that MDHS did not promote frequent visitation between parents and children or between siblings and did not promote other forms of contact such as telephone contact. In two cases, the agency did not provide transportation or other services to help parents visit with children who were placed several hours away from their parent's home. In five cases, reviewers noted that visitation with mothers was sufficient, but efforts were not made to facilitate visitation with fathers.

A State stakeholder commenting on this item expressed the opinion that there are many instances in which non-custodial fathers are discouraged from involvement with their children or in which MDHS does not make concerted efforts to identify the father. However, it was noted that the level of effort to engage fathers varies across social workers, with some making concerted efforts to engage fathers. Stakeholders in Hinds County reported that visitation in that county has been greatly facilitated by a supervised visitation program operated by the Family Support Center in the county. However, it was noted that the Family Support Center does not receive many referrals to arrange visitation between children and non-custodial parents.

***Determination and Discussion:*** Item 13 was assigned an overall rating of Area Needing Improvement because in 45 percent of the applicable cases, reviewers determined that MDHS had not made concerted efforts to ensure that visitation between parents and children and among siblings was of sufficient frequency to meet the needs of the child.

According to the Statewide Assessment, the level of parental contact with children is determined on a case-by-case basis, depending on safety risks, parental strengths, family supports, and other factors.

#### Item 14. Preserving connections

\_\_\_\_\_ Strength        X   Area Needing Improvement

**Review Findings:** All 25 foster care cases were applicable for an assessment of item 14. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 21 (84%) of the 25 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 4 (16%) of the 25 applicable cases.

Ratings for this item varied substantively across CFSR sites. The item was rated as a Strength in 92 percent of Hinds County cases and 86 percent of Washington County cases, compared to 60 percent of Adams County cases.

Reviewers indicated that in 20 of the 25 cases, children's primary connections had been “significantly” preserved while they were in foster care; in 5 of the 25 cases, children’s primary connections had been “partially” preserved. In the two cases involving Native American children, reviewers determined that the Tribe had not been appropriately notified and involved and that no efforts were made to place the children with extended family or with the Tribe.

Item 14 was rated as a Strength when reviewers determined that MDHS had made diligent efforts to preserve children’s connections to one or more of the following:

- Extended family members (15 cases).
- School and community (8 cases).
- Religion and/or ethnic/racial/cultural heritage (8 cases).
- Former foster parents (2 cases).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- MDHS had not made appropriate efforts to ensure that the child’s connection with his/her Native American heritage was preserved (2 cases).
- MDHS had not made efforts to preserve the child’s connections to father, father’s family, and/or siblings not in foster care (2 cases).

Stakeholders commenting on this item during the onsite review noted that the Choctaw Tribe has their own foster care program, with their own recruitment and licensure of foster homes. The Tribes make their homes available to MDHS for placement of Choctaw children. Most Native American children in the State child welfare system, however, are from Tribes that are located in other States.

Based on CFSR case reviews and stakeholder comments, Hinds County MDHS has custody of several unaccompanied minors who are refugees. Stakeholders report that there is a contract with Catholic Charities to provide services to these Sudanese refugee youth. Efforts to preserve these youth's cultural heritage include placing these youth together in a group home and providing mentors from their home country to work with them. In addition, Hinds County stakeholders expressed the opinion that the Independent Living Program in the county is responsive to the cultural needs of Native American children. However, Hinds County stakeholders expressed differing opinions on whether the Independent Living Program (ILP) meets the needs of Sudanese youth. While some stakeholders asserted that there are ILP workers dedicated to working with this population and much attention is given to their needs, other stakeholders observed that the Sudanese youth are in need of more services due to language and cultural barriers.

***Determination and Discussion:*** Item 14 was assigned an overall rating of Area Needing Improvement because in 16 percent of the cases, reviewers determined that MDHS had not made diligent efforts to preserve children's connections.

### **Item 15. Relative placement**

\_\_\_\_\_ Strength        X   Area Needing Improvement

***Review Findings:*** All 25 foster care cases were applicable for an assessment of item 15. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 17 (68%) of the 25 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 8 (32%) of the 25 applicable cases.

Ratings for this item did not vary substantively across CFSR sites. The item was rated as a Strength in 71 percent of Washington County cases, 69 percent of Hinds County cases, and 60 percent of Adams County cases.

Item 15 was rated as a Strength when reviewers determined that children were placed with relatives (5 cases) or that MDHS had made diligent efforts to search for both maternal and paternal relatives (12 cases). Relatives were “ruled out” as potential placement

resources when they were unable or unwilling to care for the children, had a criminal record, or had a history of substantiated child maltreatment.

The item was rated as an Area Needing Improvement when reviewers determined that MDHS had not made diligent efforts to search for either paternal or maternal relatives (6 cases), or had searched for maternal but not paternal relatives (2 cases).

Most stakeholders commenting on this item expressed the opinion that relatives are frequently considered as placement resources for children in foster care, and many children are placed with relatives both inside and outside of the foster care system. However, stakeholders noted that there is no funding for kinship placements unless the relatives become licensed as foster parents, and many of these families cannot provide for the children once the case is closed. Stakeholders also noted that MDHS does not provide sufficient supports to relative caregivers.

***Determination and Discussion:*** Item 15 was assigned an overall rating of Area Needing Improvement because in 32 percent of the cases, reviewers determined that MDHS had not made diligent efforts to locate and assess relatives as potential placement resources.

According to the Statewide Assessment, relative placement is the first placement consideration for children requiring an out-of-home placement. The Statewide Assessment notes that an estimated 30 percent of children are placed with relatives. However, the Statewide Assessment also notes that relative placements represent a significant percentage of disruptions.

#### **Item 16. Relationship of child in care with parents**

\_\_\_\_\_ Strength        X   Area Needing Improvement

***Review Findings:*** An assessment of item 16 was applicable for 15 of the 25 foster care cases. A case was considered not applicable if parental rights had been terminated prior to the period under review and parents were no longer involved with the child, or if a relationship with the parents was considered to be not in the child's best interests. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care with their mothers and fathers. The results of this assessment were the following:

- Item 16 was rated as a Strength in 7 (47%) of the 15 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 8 (53%) of the 15 applicable cases.

Ratings for item 16 did not vary substantively across CFSR sites. The item was rated as a Strength in 50 percent of applicable Adams County and Washington County cases, and 40 percent of applicable Hinds County cases.

Item 16 was rated as a Strength when reviewers determined that MDHS had made concerted efforts to promote the parent-child bond of children in foster care. These efforts included promoting visitation with parents and, in one case, encouraging parents to participate in medical appointments.

The item was rated as an Area Needing Improvement when reviewers determined that the agency did not promote parental involvement with the child or attempt to strengthen the parent-child relationship through visitation or participation in other activities with both parents (6 cases) or with the father (2 cases).

**Determination and Discussion:** Item 16 was assigned an overall rating of Area Needing Improvement because in 53 percent of the applicable cases, reviewers determined that MDHS had not made diligent efforts to support the parent-child relationships of children in foster care.

### III. CHILD AND FAMILY WELL-BEING

#### Well-Being Outcome 1

<b>Outcome WB1: Families have enhanced capacity to provide for their children's needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	7	9	2	18	36.0
Partially Achieved:	2	8	6	16	32.0
Not Achieved or Addressed:	3	7	6	16	32.0
Not Applicable:					

#### STATUS OF WELL-BEING OUTCOME 1

Mississippi did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 36.0 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity. The outcome was substantially achieved in 58 percent of Adams County cases, 37.5 percent of Hinds County

cases, and 14 percent of Washington County cases.

A key CFSR finding is that MDHS is not consistent in its efforts to assess the service needs and provide services to children, parents, and foster parents; involve children and parents in the case planning process; and establish sufficient face-to-face contact with children and parents. Also, for all indicators except “worker visits with child” (item 19), over 50 percent of the cases were rated as an Area Needing Improvement.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

### **Item 17. Needs and services of child, parents, foster parents**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** An assessment of item 17 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 21 (42%) of the 50 cases (14 of the 21 cases were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 29 (58%) of the 50 cases (11 of the 29 cases were foster care cases).

Item 17 was rated as a Strength in 56 percent of the foster care cases, compared to 28 percent of the in-home services cases. In addition, the item was rated as a Strength in 58 percent of Adams County cases and 46 percent of Hinds County cases, compared to 21 percent of Washington County cases.

Item 17 was rated as a Strength when reviewers determined that MDHS had made diligent efforts to (1) assess the needs of children, parents, and foster parents, and (2) provide appropriate services to meet identified needs. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Children’s needs were not assessed (15 of 50 applicable cases, 3 of which were foster care cases).
- Mother’s needs were not assessed (15 of 42 applicable cases, 5 of which were foster care cases).
- Father’s needs were not assessed (24 of 38 applicable cases, 9 of which were foster care cases).
- Needed services were not provided to children (9 of 50 applicable cases, 2 of which were foster care cases).
- Needed services were not provided to mothers (21 of 42 applicable cases, 8 of which were foster care cases).
- Needed services were not provided to fathers (23 of 38 applicable cases, 10 of which were foster care cases).



- Needed services were not provided to foster parents (5 of 20 applicable cases).
- Services provided to the child/children were not appropriate for their needs (6 foster care cases).

Stakeholders commenting on this item suggested that assessments are being conducted and services are being provided to children and parents, but that this is not being done on a consistent basis. The lack of consistency with regard to this practice was attributed to gaps in services (particularly substance abuse treatment, family therapy, treatment for sexual offenders, treatment for victims of sexual abuse, and therapeutic placement facilities), poor needs assessments, and a lack of ongoing needs assessment. Stakeholders also voiced concern that there is no formal support system in place for foster parents. A few of the stakeholders reported that although respite care is available for foster parents, few of them know this.

**Determination and Discussion:** Item 17 was assigned an overall rating of Area Needing Improvement because in 58 percent of the cases, reviewers determined that MDHS had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. A key concern identified pertained to the lack of assessment and service provision to families in the in-home services cases, and to fathers in both the in-home and foster care cases.

According to the Statewide Assessment, the County Conference is used to ensure that quality services are provided to children in custody and their families. The Statewide Assessment also notes that the Individualized Service Plan/Custody Case Plan for Children, which is completed on each child in State custody, lists the services provided.

### **Item 18. Child and family involvement in case planning**

\_\_\_\_ Strength      X Area Needing Improvement

**Review Findings:** An assessment of item 18 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) had been involved in the case planning, and if not, whether their involvement was contrary to the child's best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 19 (38%) of the 50 cases (12 of the 19 cases were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 31 (62%) of the 50 cases (13 of the 31 cases were foster care cases).

Ratings for this item differed substantively as a function of type of case. A rating of Strength was assigned to 48 percent of the foster care cases compared to 28 percent of the in-home services cases. There also was considerable variation in ratings across CFSR sites. The item was rated as a Strength in 50 percent of Adams County cases and 46 percent of Hinds County cases, compared to 14 percent of Washington County cases.

Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Fathers who should have been involved in case planning were not involved (25 [69%] of 36 applicable cases).
- Mothers who should have been involved in case planning were not involved (18 [42%] of 43 applicable cases).
- Children who were old enough to have been involved in case planning were not involved (15 [44%] of 34 applicable cases).

Stakeholders commenting on this item during the onsite CFSR expressed differing opinions. Adams County stakeholders suggested that parents and older children are routinely involved in case planning. However, Hinds County stakeholders indicated that workers experience difficulties involving families in the case planning process because the family is not always willing to participate or is not accessible. State level stakeholders reported that often MDHS social workers will stop trying to engage parents if they do not get a response after one or two telephone calls. Stakeholders also noted that sometimes involvement with families is not relevant because the court determines the case plan content.

***Determination and Discussion:*** Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 62 percent of the cases, reviewers determined that MDHS had not made diligent efforts to involve parents and/or children in the case planning process. A key concern pertained to the lack of involvement of fathers, although over 40 percent of the mothers and eligible children also were not involved in the case planning process.

According to the Statewide Assessment, a County Conference is scheduled every 6 months for all children in care. The Statewide Assessment notes that this conference is intended to assist the social worker in implementing the child's permanent plan with the parents, caretaker, foster placement, and significant others. The Mock Case Review of 42 cases from 5 counties, conducted as part of the State's self-assessment process, revealed that 95 percent of families are involved in the initial case planning. In cases reviewed, however, the results of paternal participation varied widely among counties. In some counties in which cases were reviewed, as few as 25 percent of fathers and paternal family members were involved in case planning. In other counties reviewed, as many as 60 percent of fathers and paternal family members were involved in case planning.

## Item 19. Caseworker visits with child

\_\_\_\_ Strength        X   Area Needing Improvement

**Review Findings:** All 50 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers were to determine whether the frequency of visits between the social workers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:

- Item 19 was rated as a Strength in 28 (56%) of the 50 applicable cases (20 of the 28 cases were foster care cases).
- Item 19 was rated as an Area Needing Improvement in 22 (44%) of the 50 applicable cases (5 of the 22 cases were foster care cases).

Ratings for this item differed substantively as a function of type of case. The item was rated as a Strength in 80 percent of the foster care cases compared to 32 percent of the in-home services cases. Ratings also differed across CFSR sites. The item was rated as a Strength in 75 percent of Adams County cases, compared to 50 percent of Hinds County cases and 50 percent of Washington County cases.

Reviewers noted the following with respect to the frequency of social workers' face-to-face contacts with children in the 25 foster care cases:

- In 1 case, visits typically occurred twice a month.
- In 20 cases, visits typically occurred once a month.
- In 4 cases, visits typically occurred less than monthly.

Reviewers noted the following with respect to frequency of social workers' visits with children in the 25 in-home services cases:

- In 1 case, visits typically occurred once a week.
- In 2 cases, visits typically occurred twice a month.
- In 6 cases, visits typically occurred once a month.
- In 15 cases, visits typically occurred less than monthly.
- In 1 case, there were no visits to the child.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of visits between social workers and children were sufficient to ensure adequate monitoring of the child's safety and well-being and promote attainment of case goals.

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The social worker did not visit the child during the period under review (3 cases).
- The frequency of social worker visits was not sufficient to meet the needs of the child and when visits did occur, they did not focus on issues pertinent to case planning, service delivery, and goal attainment (11 cases).
- The frequency of social worker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment (6 cases).
- The frequency of social worker visits was sufficient to meet the needs of the child, but the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (2 cases).

Stakeholders commenting on this item expressed differing opinions regarding the frequency of social worker contact with children. Adams and Hinds County stakeholders reported that social workers are seeing children in foster care on a timely basis, although it was noted that large caseloads have a negative affect on the quality of the visits and the time that workers have to spend with children. In comparison, Washington County stakeholders voiced concern that social workers in that county are not visiting children in foster care with sufficient frequency.

***Determination and Discussion:*** Item 19 was assigned an overall rating of Area Needing Improvement based on the finding that in 44 percent of the cases, reviewers determined that social worker visits with children were not of sufficient frequency and/or quality to ensure children's safety and attainment of case goals. Key concerns identified pertained to the lack of sufficient face-to-face contact with children in the in-home services cases.

According to the Statewide Assessment, MDHS policy requires that social workers must maintain weekly face-to-face contact with children in foster care during the first 30 days that a child is in an out-of-home placement. Monthly contact is required after the first 30 days.

The Statewide Assessment notes that for in-home cases, MDHS policy requires that social workers maintain monthly face-to-face contact with the family and any children at risk for the first three months and then conduct at least one home visit quarterly thereafter.

## **Item 20. Caseworker visits with parents**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** An assessment of item 20 was applicable for 44 cases. The six cases that were not applicable were foster care cases in which there had been termination of parental rights prior to the period under review and/or parents were not involved with their children. Reviewers were to assess whether the worker's face-to-face contact with the children's mothers and fathers (including pre-adoptive mothers and fathers) was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children's safety and well being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 17 (39%) of the 44 cases (9 of the 17 cases were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 27 (61%) of the 44 cases (10 of the 27 cases were foster care cases).

Ratings for this item differed slightly as a function of case type. The item was rated as a Strength in 47 percent of foster care cases compared to 32 percent of in-home services cases. Ratings for the item differed more extensively across CFSR sites. The item was rated as a Strength in 58 percent of Adams County cases, compared to 39 percent of Hinds County cases and 21 percent of Washington County cases.

Typical patterns of social worker visits with mothers (including pre-adoptive mothers) were the following (39 applicable cases):

- Weekly visits – 4 cases (2 of which were foster care cases).
- Twice a month visits - 1 case (which was not a foster care case).
- Monthly visits – 9 cases (4 of which were foster care cases).
- Less than monthly visits – 24 cases (7 of which were foster care cases).
- No visits – 1 case (which was a foster care case).

Typical patterns of social worker visits with fathers (including pre-adoptive fathers) were the following (35 applicable cases):

- Weekly visits – 1 case (which was a foster care case).
- Twice a month visits – 1 case (which was not a foster care case).
- Monthly visits - 6 cases (3 of which were foster care cases).
- Less than monthly visits - 16 cases (4 of which were foster care cases).
- No visits – 11 cases (4 of which were foster care cases).

Item 20 was rated as a Strength when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children and that visits focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Social worker visits with parents were not occurring with sufficient frequency, but when they did occur they focused on substantive issues pertaining to the case (6 cases).

- Social worker visits with parents were not occurring with sufficient frequency, nor did they focus on substantive issues pertaining to the case (14 cases).
- Social workers did not visit parents during the period under review (7 cases ).

In 8 cases, reviewers indicated that the “less than monthly” contact designation referred to a situation in which the parent was visited only once or twice over a long period of time. For example, in 1 case, the worker had one contact with the mother over a 9-month period. In another case, there were one or two visits with the mother during the first year that the case was open, but no visits during the second year.

Adams County stakeholders commenting on this item expressed the opinion that workers are visiting parents in a timely manner. However, stakeholders in Hinds County were not sure what the expectations were regarding visits with parents and noted that workers tend to see some parents frequently and some not at all. Washington County stakeholders suggested that home visits occur to obtain input from parents for case plans.

***Determination and Discussion:*** Item 20 was assigned an overall rating of Area Needing Improvement because in 61 percent of the applicable cases, reviewers determined that the frequency and/or quality of social worker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. A key concern was that in many of the applicable cases, social workers had no contact, or extremely infrequent contact, with parents.

According to the Statewide Assessment, the frequency of worker contact with parents is decided on a case-by-case basis.

## Well-Being Outcome 2

<b>Outcome WB2: Children receive appropriate services to meet their educational needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	5	10	7	22	75.9
Partially Achieved:	0	3	1	4	13.8
Not Achieved or Addressed:	1	1	1	3	10.3
Not Applicable:	6	10	5		

## **STATUS OF WELL-BEING OUTCOME 2**

Mississippi did not achieve substantial conformity with Well-Being Outcome 2. This determination is based on the finding that the outcome was determined to be substantially achieved in 75.9 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

A key CFSR finding was that MDHS is not consistently effective in meeting children's educational needs, particularly children in the in-home services cases.

The findings for the item assessed for Well Being Outcome 2 are presented below.

## Item 21. Educational needs of the child

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** An assessment of item 21 was applicable for 29 of the 50 cases reviewed. Cases that were not applicable for assessment were those in which the children were not of school age or were in their own homes and educational needs were not an issue. In assessing this item, reviewers were to determine whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 22 (76%) of the 29 applicable cases (19 of the 22 cases were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 7 (24%) of the 29 applicable cases (3 of the 7 cases were foster care cases).

Item ratings differed considerably as a function of type of case. The item was rated as a Strength in 86 percent of the 22 applicable foster care cases compared to 43 percent of the 7 applicable in-home services cases. However, item ratings did not vary substantively across CFSR sites. The item was rated as a Strength in 83 percent of Adams County cases, 78 percent of Washington County cases, and 71 percent of Hinds County cases.

Item 21 was rated as a Strength when reviewers determined that all potential educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement when reviewers determined that there was clear evidence that the child or children in the family had education-related service needs that were not being addressed by the agency.

Some stakeholders commenting on this item expressed concern that children's educational needs were not being adequately addressed on a consistent basis, although it was noted that some social workers and foster parents are effective in advocating for children with the school system. Stakeholders noted that when educational needs were not being met it was due primarily to large caseloads and/or a lack of effective collaboration between MDHS and local school systems.

**Determination and Discussion:** Item 21 was assigned an overall rating of Area Needing Improvement because in 24 percent of the applicable cases, reviewers determined that MDHS had not made diligent efforts to meet children's educational needs.

According to the Statewide Assessment, children's educational needs are expected to be addressed in each child's assessment. However, the Mock Case Review of 42 cases in five counties, conducted as part of the State's self-assessment process, revealed that there is variation among the Regions and counties with regard to efforts to address children's educational needs.



### Well-Being Outcome 3

<b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Adams County</b>	<b>Hinds County</b>	<b>Washington County</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	5	14	3	22	52.4
Partially Achieved:	2	5	4	11	26.2
Not Achieved or Addressed:	1	4	4	9	21.4
Not Applicable:	4	1	3	8	

### STATUS OF WELL-BEING OUTCOME 3

Mississippi did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 52.4 percent of the 42 applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

Although performance on this outcome was low in all CFSR sites, there was considerable variation across sites. The outcome was determined to be substantially achieved in 62.5 percent of Adams County cases and 61 percent of Hinds County cases, compared to 27 percent of Washington County cases.

A key CFSR finding with regard to this outcome was that MDHS is not consistent in its efforts to meet children's physical or mental health needs. Identified concerns pertained to a lack of dentists who will accept Medicaid and a general lack of mental health services throughout the State.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

#### Item 22. Physical health of the child

☐ Strength      ☒ Area Needing Improvement

**Review Findings:** An assessment of item 22 was applicable for 38 of the 50 cases reviewed. Cases that were not applicable for this assessment were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to

determine whether (1) children's physical health needs had been appropriately assessed; and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 28 (74%) of the 38 applicable cases (20 of the 28 cases were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 10 (26%) of the 38 applicable cases (5 of the 10 cases were foster care cases).

Ratings varied as a function of type of case. Item 22 was rated as a Strength in 80 percent of the 25 foster care cases compared to 61 percent of the 13 applicable in-home services cases. Ratings also varied somewhat across CFSR sites. The item was rated as a Strength in 80 percent of Adams County cases and 78 percent of Hinds County cases compared to 60 percent of Washington County cases.

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services were provided as needed. The item was rated as an Area Needing Improvement when reviewers determined that there was clear evidence of health-related needs that were not being addressed by the agency.

Stakeholders commenting on this item had differing perceptions regarding MDHS' efforts to address children's health needs. While some stakeholders expressed the opinion that MDHS is effective in meeting health needs, others voiced concern that health needs are not being addressed on a sufficiently consistent basis. Stakeholders noted that there are difficulties finding dental providers who will accept Medicaid payments and the quality and availability of sexual abuse exams is problematic. However, Washington County stakeholders noted that physical health services are easily accessed, particularly for children ages 2 to 4 who receive dental, eye, and medical services through the Department of Education. While this program operates in all of the schools, once children reach the age of 5 years they are no longer eligible.

***Determination and Discussion:*** Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 26 percent of the applicable cases, reviewers determined that MDHS had not adequately addressed the health needs of children in either the foster care or in-home services cases.

According to the Statewide Assessment, MDHS policy requires that an initial physical exam must take place within 7 days of placement for every child placed in out-of-home care. In addition, every foster child must be referred to the local health department for Early Periodic Screening and Diagnosis (EPSDT). Other policies are: (1) for all children older than 3, a dental referral shall be made within 90 days of custody; and (2) children, ages 0 to 2, are referred to First Steps Early Intervention program.

### Item 23. Mental health of the child

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

**Review Findings:** An assessment of item 23 was applicable for 32 of the 50 cases reviewed. Cases that were not applicable were those in which the child was too young for an assessment of mental health needs or in-home services cases in which mental health needs were not an issue. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed, and (2) appropriate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 16 (50%) of the 32 applicable cases (11 of the 16 cases were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 16 (50%) of the 32 applicable cases (10 of the 16 cases were foster care cases).

Item ratings did not differ substantively as a function of case type. The item was rated as a Strength in 52 percent of the foster care cases compared to 45 percent of the applicable in-home services cases. Ratings also did not differ substantively across CFSR sites. The item was rated as a Strength in 57 percent of Adams County cases, 50 percent of Hinds County cases, and 44 percent of Washington County cases.

Reviewers determined that children's mental health needs were "significantly" assessed in 13 of the 32 applicable cases, "partially" assessed in 7 cases, and "not at all" assessed in 10 cases. Reviewers determined that identified mental health service needs were "significantly met" in 12 cases, "partially met" in 4 cases, and "not at all met" in 9 cases.

Item 23 was rated as a Strength when reviewers determined that children's mental health needs were "significantly" or "partially" assessed, and mental health needs were significantly or partially addressed when necessary. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Mental health needs were not fully assessed, although a mental health assessment was warranted (11 cases).
- Mental health needs were assessed but needed services were not provided (5 cases).

The lack of assessment occurred in both in-home and foster care cases. Lack of service provision occurred most frequently in foster care cases.

Stakeholders commenting on this item reported that there are scarce mental health services in the community and that mental health assessments are not always completed on children entering foster care despite agency policy requiring them. It was noted that social workers may make assessments, such as "child does not need mental health services," without input from mental health professionals.

Stakeholders also suggested that the collaboration between MDHS and the mental health agency is not sufficiently effective to ensure that children in MDHS custody receive the mental health services they need.

***Determination and Discussion:*** Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 50 percent of the applicable cases, reviewers determined that MDHS had not made concerted efforts to address the mental health needs of children.

According to the Statewide Assessment, all children in custody, ages 4 and older, must have a psychological assessment and/or evaluation within 90 days of entry into foster care. However, the Statewide Assessment also notes that in the Mock Case Review of 42 cases in five counties, 70 percent of the children in agency custody had a completed psychological assessment or evaluation.

## SECTION 2: SYSTEMIC FACTORS

### IV. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

Mississippi did not achieve substantial conformity with the systemic factor of Statewide Information System. Information pertaining to the item assessed for this factor is provided below.

**Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because the data quality is compromised due to poor data entry. Information available from MACWIS does not consistently reflect a child's current situation that will enable MDHS to readily identify the status, demographic characteristics, location and goals for the placement of every child.

According to the Statewide Assessment, the Mississippi Automated Child Welfare Information System (MACWIS) enables comprehensive tracking of information related to demographics, referrals, assessments, case planning, court placements, and case narratives. Cases can be reviewed on-line by the Quality Improvement Staff, Foster Care Review staff, Supervisors and Regional Directors.

The Statewide Assessment also indicates that integrating MACWIS into everyday caseworker practice throughout the State has been a challenging process. Although implementation began in June 2001, and a statewide data clean-up effort was implemented in 2002, concerns remain regarding the accuracy of the data. The Statewide Assessment notes that additional supports, such as adequate staffing, ongoing training, internal data validity checks, and timelines for data entry, are needed to fully integrate the system and

promote data currency and accuracy. As indicated in the Statewide Assessment, one barrier to integration is the fact that although MACWIS is accessible 24 hours a day, 7 days a week, it cannot be accessed from remote locations. The Statewide Assessment indicates that this impedes caseworkers' ability to enter detailed narratives from the field. It was noted that the Citizen's Review Board has recommended that MDHS develop a method for off-site data entry to address this concern.

Stakeholders commenting on MACWIS during the onsite CFSR reported that it can track the status, demographic characteristics, location, and goals of children in foster care. They also reported that management reports in MACWIS are helpful and improve agency accountability. Historical information is available and MACWIS interfaces with other agency systems and across counties to gather needed information about children in care. However, stakeholders expressed concern about the accuracy of the data in the system, indicating that case information is often incomplete. They noted that information is not always entered in a timely manner, and they cited high worker caseloads, time constraints, lack of remote access, and inadequate clerical support as barriers to timely data entry.

Some stakeholders indicated that MACWIS is easy to navigate and that data are easily retrievable. However, other stakeholders characterized the system as cumbersome and not-user friendly, emphasizing that information entered into the system can be difficult to retrieve. Stakeholders agreed that more intensive and ongoing training is needed to help staff navigate the system and access needed information.

## V. CASE REVIEW SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

The State of Mississippi is not in substantial conformity with the systemic factor of Case Review System. Information pertaining to the items assessed for this factor is provided below.

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.**

\_\_\_\_ Strength      \_\_\_X\_\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because of the lack of consistent involvement of mothers and fathers in the joint development of the child's case plan.

According the Statewide Assessment, an Individual Service Plan (ISP)/Custody Case Plan for Children is required for all children in the State's custody. This plan is to be completed within thirty days of the initial date of custody and every 180 days thereafter. This plan addresses the reasons for the child's placement in out-of-home care, the permanency plan, and desired outcomes. A County Conference is held every six months for children in care. Parents and/or other caretakers attend the County Conference to assist in the implementation of the child's permanent plan.

The August 2003 Foster Care Review sample report, referenced in the Statewide Assessment, indicated that 100 percent of children in care have a permanent plan. This same report notes a variance in service planning with parents, with 83 percent of the mothers signing the service agreement but with fathers signing only 32 percent of the service agreements. Participants in focus groups stated case planning with parents and caretakers continue to be problematic. Mock Case Reviews held in the State prior to the onsite CFSR found the need for more parental involvement in their child's case planning.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that children in foster care have case plans (i.e., Individual Service Plans). They emphasized that the State practice of conducting a review of all case plans every five months (i.e., the Foster Care Review) ensures that each child has a case plan. However, several stakeholders expressed concern about the quality of the case plans.

With regard to parent involvement, Stakeholders noted that although the County Conference is used to promote the engagement of families in case planning, the conference is not implemented on a consistent basis. Stakeholders expressed the opinion that, as a result of the inconsistent implementation of County Conferences, parents are not actively involved in the planning and decision-making process, particularly non-custodial parents. This is consistent with case review findings for item 18 (parent and child involvement in case planning) that 42 percent of mothers and 69 percent of fathers who should have been involved in case planning, were not involved.

On those occasions when parents are involved in case planning, stakeholders expressed concern about efforts that fall short or are not fully-integrated into ongoing practice. In Washington County, although workers effectively use home and office visits to obtain parental input in case plans, stakeholders noted that a more formal process is not in place. In Hinds County, stakeholders reported that

while case plans are initiated by the CAN investigator and the family, greater coordination between the investigator and foster care worker is needed to ensure continuity in goals and services upon case transfer. Stakeholders in Hinds County also reported that even though multiple family members are invited to the County Conference for case planning, sometimes only the mother participates or the parents attend the meeting to sign a plan already developed by the caseworker. In Adams County, stakeholders noted that although parents, children, teens, and foster parents are invited to the County Conference, lack of child care is a barrier to attendance and full participation.

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

☐ Strength      ☒ Area Needing Improvement

This item is rated as an Area Needing Improvement because the State is unable to consistently implement a process to insure the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

According to the Statewide Assessment, State, policy requires a periodic review at least every 6 months for each child in agency custody. Twelve (12) foster care reviewers conduct administrative reviews. These reviews are referred to as the Foster Care Review. Reviewers are responsible for convening, every six months, administrative reviews with approximately 3,150 children in 82 counties. There is not sufficient staff to cover all areas of the state. In some jurisdictions, county courts review some children's cases every six months.

Stakeholders participating in the onsite CFSR were in general agreement that the five-month reviews, conducted by Foster Care Reviewers for every child in care, are taking place in a timely manner. They noted that parents, children, grandparents, foster parents and caretakers, social workers and supervisors, Court Appointed Special Advocates (CASAs), and Guardians ad litem are invited to the Foster Care Review. Some stakeholders observed that the Reviews are useful for caseworkers and result in appropriate permanency recommendations. However, other stakeholders questioned whether the Foster Care Reviews are effective in promoting timely permanency and whether families are as fully involved as desired.

With respect to the six-month Court Reviews, stakeholders expressed concern that they are not being held in a timely manner. Barriers to timely court hearings include: variations in court structure (i.e., referee vs. county), inconsistent tracking of cases for review, overcrowded court dockets, and lack of legal representation for parents. As the six-month Court Review follows the five-



month Foster Care Review, stakeholders also expressed concern about the quality and efficacy of the six-month hearing, characterizing it largely as a “paper review.”

In Hinds County, the Foster Care Review occurs for all children every six months. A summary of the review is forwarded to the local judge for approval. The court does not provide comments to the county unless changes are made to the case plan. Stakeholders in Adams County also reported the Foster Care Reviews are held timely for all children. In Washington County, stakeholders reported that the court and the Foster Care Review each hold a six-month review hearing. However, neither of these processes for reviews insures that reviews are held timely.

Some State-level stakeholders view the Foster Care Review as an impeccable process in identifying cases requiring a six-month review.

**Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

☐ Strength      ☒ Area Needing Improvement

This item is rated as an Area Needing Improvement because the State and the courts are not consistently ensuring that each child in foster care has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

According to the Statewide Assessment, the Mississippi Youth Court Act requires an annual review hearing. MACWIS has the capacity to track annual permanency hearings and provide alerts to staff. However, social workers are not consistently entering data that will enable MACWIS to generate accurate reports. Overdue court hearings are noted during the County Conference and the social worker must develop a verbal or written plan to correct the problem. A report compiled by the title IV-E eligibility unit stated that 12-month permanency hearings were not timely for 8 percent of cases during the July through September 2002 reporting period.

Most stakeholders commenting on this item during the onsite CFSR were in general agreement that the 12-month permanency hearings are held in a timely manner. However, Washington County stakeholders expressed concern that court continuances lead to delays for the 12-month permanency hearings.

State-level stakeholders noted the lack of administrative resources, such as court clerks, for many county courts are additional barriers. The absence of support staff impedes the ability of MDHS to place cases on the court docket.

**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

\_\_\_\_ Strength        X   Area Needing Improvement

This item is rated as an Area Needing Improvement because the State does not consistently provide a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

According to the Statewide Assessment, the permanency hearing, the Foster Care Review, and the MACWIS 15/22 report are reminders to proceed with TPR unless compelling reasons are documented.

State-level stakeholders observed that there is a uniform Youth Court Law but there is not a uniform court system. Stakeholders expressed concern that differences in county court structures, administrative resources, and local judicial practice hinder uniform implementation of the law and timely permanency planning across the State.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that the State has established procedures for terminating parental rights in accordance with ASFA timeframes. Whereas Adams County stakeholders reported that delays in adhering to the ASFA guidelines are rare, stakeholders in Washington and Hinds County noted that these procedures are not consistently implemented. They noted that TPR petitions frequently are not filed in accordance with ASFA timeframes, and when they are filed, there are extensive delays in achieving TPR. Stakeholders attributed the lack of consistency in filing for TPR in a timely manner to MDHS staff shortages, high caseloads, a failure to conduct diligent searches for absent parents early on in the case, and a lack of legal counsel. Delays in achieving TPR were attributed to staff shortages in the Attorney General's office; delays in processing paperwork, serving parties, and appointing legal counsel; a high backlog of court cases; and difficulties in scheduling cases. In addition, State-level stakeholders noted that there are 19 county courts and 63 chancery courts serving the 82 counties in the State. About one-half of the county courts conduct TPR proceedings and the remaining counties forward cases to the chancery court, which creates further delays.

**Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be**

**notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because the State does not consistently provide a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be in, any review or hearing with respect to the child.

According to the Statewide Assessment, a 10-day written notification of the County Conference is provided to all potential participants. Mothers, fathers, foster children, maternal and paternal grandparents, foster parents, relative caregivers, the child's guardian ad litem, and the child's attorney must be invited to the County Conference. During the County Conference, each participant is given the opportunity to comment on the recommended permanency plan as well as any other issues pertaining to the child.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that foster parents, pre-adoptive parents, and relative caregivers are routinely notified of hearings. Stakeholders in Hinds County noted that although the agency notifies foster parents of the hearings, the wording of the letter does not encourage their participation.

Stakeholders indicated that foster parents do not attend hearings regularly, but when they do, they usually have the opportunity to participate in the proceedings. State stakeholders reported that notification and the opportunity to be heard varies widely by county and court. Some courts allow foster parents an opportunity to be heard, while other courts will not allow foster parents to enter the courtroom.

## VI. QUALITY ASSURANCE SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2X	3	4

Mississippi is not in substantial conformity with the systemic factor of Quality Assurance System. Information pertaining to the items assessed for this factor is provided below.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

☒ X Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the State has developed and implemented procedures to ensure that children in foster care are provided quality services that protect the safety and health of the children.

According to the Statewide Assessment, the State ensures that children in foster care placements are provided quality services that protect their health and safety through legislation, practice standards, and internal and external monitoring systems. Every six months, the Administrative Foster Care Review Unit monitors and assesses the quality of services that protect the safety and health of children in agency custody. A Quality Improvement Comprehensive Review is completed on cases approximately one year from the date custody is awarded to MDHS. The use of action plans is linked to Quality Improvement. Action Plans are required to assure quality services are provided and appropriate outcomes achieved. Action Plans may be completed on individual cases, individual workers and supervisors, and at the county, region, and state level.

Stakeholders commenting on this issue during the onsite CFSR indicated that standards are in place to ensure that children in foster care are provided with quality services to protect their health and safety. They noted that the agency monitors adherence to these standards through various quality assurance efforts, such as the Foster Care Review, supervisory review of cases, and monthly checks of MACWIS documentation. Although social worker contacts with children in foster care are a primary means of assuring that health and safety standards are met, some stakeholders expressed concern that workers do not conduct monthly visits due to their high

caseloads. Policy requires licensing staff to visit each foster home one time per month. This standard is not met due to the high caseloads of staff.

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because the State's Quality Improvement system is not fully operational. Quality Improvement was launched in January 2003 in seven of the nine regions and is limited to the review of case records for newly opened in-home cases.

According to the Statewide Assessment, the following elements have been established by the State as a quality assurance system:

- Foster Care Review Process;
- Administrative Case Record Review Process;
- Court Review Process;
- Quality Improvement Review Process;
- Program Integrity Unit;
- Eligibility Determination Unit; and
- Complaints Process.

A case record review of newly opened of in-home cases for Quality Improvement is operating in seven of the nine Regions. Direct and indirect service systems are additional areas cited in need of quality assurance.

Results from a Client Satisfaction Survey in three counties indicate that 83 percent of clients surveyed expressed some level of satisfaction with the agency.

Most stakeholders commenting on this issue during the onsite CFSR expressed the opinion that the State monitors the quality of services and outcomes for children and families through an identifiable quality assurance (QA) system. In-home cases are reviewed through MACWIS and foster care cases are monitored through the Foster Care Review. Although the QA system is in place across all

Regions, stakeholders expressed concern that it is not implemented consistently throughout the State, noting that staff shortages are a barrier to implementation. Stakeholders also voiced concern that the QA feedback process is burdensome and this hinders staff acceptance of the potential benefits of the review; consequently, counties do not consistently prepare the required Action Plans to address identified concerns.

## VII. TRAINING

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2 X	3	4

Mississippi did not achieve substantial conformity with the systemic factor of Training. Information pertaining to the items assessed for this factor is provided below.

**Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the State provides initial training for staff who deliver services under titles IV-B and IV-E.

According to the Statewide Assessment, all social workers employed by MDHS must hold a Mississippi Social Work License. Training for new social workers is divided between a 4-week intensive training course and on-the-job training. MDHS Social Workers are required to attend Intensive Training. There is a lapse in time, ranging from one to twelve months, from beginning employment to enrolling in Intensive Training. After completing the 104 hours of Intensive Training, each Social Worker must pass a 100-question test with a 70 percent accuracy rate. For those failing to achieve the required 70 percent accuracy rate, trainers provide on the job training and target areas of weakness. The social worker may continue to take the exam until successfully passed. A staff of nine trainers provides Intensive Training. Each trainer is based in one of the nine regions. The Statewide Assessment also notes that

Mississippi, in partnership with six public universities, provides stipends for Bachelors of Social Work and Masters of Social Work (MSW) students. Stakeholders reported there is no formalized process in place for existing staff to seek a MSW.

Stakeholders commenting on the area of training during the onsite CFSR noted that there is mandatory training for new social workers. However, stakeholder opinions differed regarding the effectiveness of this training. Some stakeholders reported that training adequately prepares new workers to perform their jobs effectively, while other stakeholders indicated that workers are not adequately trained. Most stakeholders voiced concern about the time lag between the date of hire and the receipt of training, stating the several months may pass before a worker begins training. As a result, a worker may assume caseload responsibilities prior to completing training, although stakeholders indicated that this practice varies across counties. Some social workers, while attending the Intensive Training, must maintain responsibility for their case load. Stakeholders reported that there is no formal training for new supervisors. This lack of a formalized supervisory training has resulted in broad variances in supervisors' ability to insure quality work among social workers under their supervision. Formalized training is not available for case aides and homemakers.

Stakeholders reported that MDHS workers are well-trained in the provisions of ICWA, but that training is needed in the areas of forensic interviewing, child fatalities, and court procedures, particularly giving testimony.

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

\_\_\_\_ Strength        X   Area Needing Improvement

This item is rated as an Area Needing Improvement because the State is unable to provide ongoing training that addresses all the skills and knowledge base needed by staff to carry out their duties with regard to the services included in the CFSP.

According to the Statewide Assessment ongoing training topics for 2002 included child abuse investigations, stress management, discipline, family preservation, teamwork, court testimony, cultural diversity, school advocacy, adoption, and methamphetamine. Community partners identified lack of funding and an inadequate number of staff as barriers to MDHS providing on-going training. Social Workers have difficulty attending training due to high caseloads. To build on the Intensive Training, additional courses are needed to increase the skill level of social workers in the engagement of families. Cross training among the different disciplines is also recommended. This cross training should include the court system, foster parents, and other professionals.

Stakeholders commenting on this issue during the onsite CFSR noted that ongoing training for MDHS workers is not mandated by State policy. In addition, stakeholders expressed the opinion that there currently are limited opportunities for staff to receive ongoing training, with most training limited to attendance at conferences. Furthermore, stakeholders reported that there are limited funds or scholarships available to pay for attendance at conferences, therefore workers often pay out-of-pocket to receive ongoing training, although leave time is granted. Stakeholders suggested that specialized training is needed on topics such as in diversity, bias/attitudes, and MACWIS. In addition, stakeholders suggested that there is a need for a Statewide assessment process to identify training needs.

**Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

☐ Strength      ☒ Area Needing Improvement

This item is rated as an Area Needing Improvement because the State's training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E does not adequately address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

According to the Statewide Assessment, Parents as Tender Healers (PATH) is the foster/adoptive parent curriculum. This curriculum is by Spaulding for Children and is based on the Special Needs Adoption Curriculum, the Indiana Post Legal Adoption Services Curriculum, and the Illinois Making the Commitment to Adoption Curriculum. Foster home licensure specialists and adoption specialists, in each of the nine regions, deliver PATH training through group sessions to foster and adoptive parents. Attendance is required for licensing.

Stakeholders commenting on this item during the onsite CFSR reported that foster parents receive 12 hours of mandatory pre-service training prior to licensing and that they participate in 12 hours of additional training every 2 years for re-licensure. Stakeholders reported that pre-service training is provided on a consistent basis and foster parents typically receive training fairly quickly after applying. Hinds County stakeholders noted that the agency works collaboratively with neighboring counties to enroll applicants in available training sessions in order to avoid delays in the licensing process.

Stakeholders suggested that foster parents would benefit from additional training in areas such as conflict resolution and behavior modification to address the specialized needs of many of the children they are parenting. Several stakeholders stated the disruptions of



children's placements in foster and adoptive homes are linked to the foster and/or adoptive parents' lack of skills and knowledge regarding child and adolescent behaviors.

State stakeholders reported that effective April 2004, a consortium, composed of MDHS and public universities, will provide training for prospective foster and adoptive parents. By June 30, 2004, forty training sessions will be available in all nine Regions.

## VIII. SERVICE ARRAY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1X	2	3	4

Mississippi did not achieve substantial conformity with the systemic factor of Service Array. Information on the items assessed for this factor during the CFSR is presented below.

**Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because the state does not have in place a sufficient array of services to assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

According to the Statewide Assessment, the services designed to prevent removal and assist children in out-of-home care to achieve permanency are:

- Families First Resource Centers;
- Family Preservation;
- Supervised Visitation;
- Individual, Group, and Family Counseling;
- Substance Abuse Treatment;
- Transportation;
- Parenting Classes;
- Therapeutic Treatment;
- Family Support;
- Independent Living; and
- Therapists for Post Adoption Support.

The Families First Resource Centers (FFRC) provide information and referral services, family resource libraries, after-school programs, tutorial programs, parenting classes and specialized parent skill training, respite services, supervised family visitations, transportation assistance, and many other family support services. There are Families First Resource Centers in each of the nine regions but only 50 percent of the eighty-two counties have a FFRC.

Post-adoption services are designed to provide competent therapists to handle post-adoption issues. The design includes a crisis intervention team to respond quickly to a potential crisis that could evolve into disruption and eventual removal of the placed child. However, a service gap identified in the Statewide Assessment is the availability of quick response teams to intervene in crisis situations to prevent placement disruption. Additional gaps in the service array identified are foster homes willing to adopt, kinship care, and placement resources for children with difficult behaviors.

MDHS contracts with Southern Christian Services for Children and Youth to provide Independent Living services for all youth over the age of 14. This contract agency provides skills groups, retreats and teen conferences for youth in care, regardless of their permanency plan.

Durable legal custody is available to relatives in those situations in which adoption is not appropriate. However, since there is no financial support available with this transfer of custody, it is not an option for many relatives.

The Statewide Assessment indicates that adoptive parents are in need of supportive services, such as training on managing difficult behaviors, to prevent adoption disruptions. Inadequate assessments of the child's background and poor matches between the child and the prospective parents also contribute to disruptions.

Focus groups were convened in four counties to identify the strengths and gaps in their service array. Each group indicated a need for more services in the entire service array. Services that are non-existent or have limited availability are: services to improve fathers' involvement, services to prevent placement disruption, residential treatment services, post-adoption casework services, job coaches, domestic violence shelters, services for medically fragile children, residential substance abuse treatment for women and their children, and in-patient psychiatric care for children. Parenting classes, Head Start, CPS, and CASA volunteers are available in the four counties.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that the State provides an array of family support and preservation services through multi-agency and community-based efforts, such as Project Homestead, the Family Support Centers, and Families First Resource Centers. Stakeholders also noted that independent living (IL) services are available for older youth and that there is an IL Specialist in each Region to assist with service delivery. Stakeholders further noted that the State has in some geographic areas a well-coordinated agency and community resources to meet the needs of child victims of physical and sexual abuse (e.g., Child Advocacy Centers, University of Mississippi Medical Center, Sexual Abuse Response Team). Stakeholders in Adams County indicated a need for services for child victims of sexual abuse.

Stakeholders identified the following service gaps in the State:

- Foster homes, therapeutic foster homes, and group homes for children of all ages. (The lack of homes leads to an over-reliance on shelter care placements, even for very young children.)
- Substance abuse services for adolescents and adults, particularly residential treatment centers and services for teens.
- Mental health services for children and families, including counseling, specialized therapy, day treatment, and child psychiatrists/psychologists.
- Residential treatment programs for children who sexually offend other children.
- Support and respite services for foster parents.

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

\_\_\_\_ Strength      \_\_X\_\_ Area Needing Improvement

This item is rated as an Area Needing Improvement because services identified in item 35 are not accessible to families and children in all political jurisdictions covered in the State's CFSP.

According to the Statewide Assessment, lack of transportation, staffing shortfalls, and inadequate funding sources result in an insufficient service menu to meet the needs of families and children served by the agency. In addition, a full array of services to rural communities continues to be problematic. Family Preservation specialists and homemakers do not provide services statewide. There are thirteen counties with no assigned Family Preservation specialists and ten counties with no assigned homemaker. Funding is identified as a barrier to accessing services as the current funded services continue to reach only a small percentage of families needing services.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that necessary services are not accessible to families and children in all political jurisdictions in the State. State-level stakeholders reported that services are not available to families in some areas due to limited service array, lack of providers, and extensive waiting lists. Stakeholders in rural counties reported that children and families in need of specialized treatment often seek services out-of-county (e.g., mental health services, in-patient substance abuse treatment, placement services for adolescents). Some stakeholders indicated that lack of transportation is a significant barrier to accessing services in both urban and rural areas.

State- and local-level stakeholders also reported difficulties in accessing mental health services due to a general lack of available mental health services and the fact that few therapists will accept Medicaid payments or are unable to be reimbursed by Medicaid because they are not psychiatrists. Stakeholders also noted that often a child will be court-ordered into a placement in order to receive mental health services.

**Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

☐ Strength      ☒ Area Needing Improvement

This item is rated as an Area Needing Improvement because of the limited ability of county staff to individualize services for all children and families served by the agency.

According to the Statewide Assessment, each county office is able to access funds to provide individual, group, and family therapy, substance abuse treatment, and transportation. However, the ability to provide individualized services to families and children is not consistently available.

State-level stakeholders commenting on this issue during the onsite CFSR reported that flexible funds are available to interagency collaborations, such as the Make A Plan or State Level Review Teams. They noted that these teams are able to provide individualized or wraparound services to meet case-specific needs. However, local-level stakeholders indicated that limited county and Regional funds are available to obtain unique services or to individualize services. However, these stakeholders noted that MDHS staff often are creative and are able to tailor services to meet individual needs despite funding limitations.

Stakeholders reported that MDHS makes concerted efforts to provide culturally appropriate services to Choctaw and Sudanese youth. However, they noted that there is a need for culturally appropriate services for the Latino and Vietnamese populations in the State.

## IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3 X	4

Mississippi is in substantial conformity with the systemic factor of Agency Responsiveness to the Community.

**Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the State engages in consultation with tribal representatives, consumers, service providers, foster care providers, the court, and other public and private child- and family-serving agencies.

According to the Statewide Assessment, the State's primary tool for consulting with other stakeholders is the Permanency Partnership Network. Examples of State Level members include the Citizen Review Board, Mississippi Association of Child Care Agencies, Children of Mississippi and Their Parents, and the Children's Justice Task Force Act. Since 1995, the Annual Conference for the Permanency Partnership Network provides members a significant opportunity to receive training, experience networking, and conduct Network planning.

The August/September Community Partner Survey gives local community partners an opportunity to evaluate social workers in the areas of cooperation, competency, and responsiveness. For those partners responding to the survey, over 50 percent rated cooperation and competency as excellent. Responsiveness was rated as good by 40 percent of the survey respondents.

Most stakeholders commenting on this issue during the onsite review reported that MDHS engages in ongoing consultation with its varied community partners regarding the goals and objectives of the CFSP. They noted that MDHS has established venues to support ongoing consultation with a range of stakeholders, such as holding an annual conference to solicit input into the plan and conducting regular meetings with community partners. However, some external stakeholders indicated that they are not included in the development of the CFSP. Educational staff, foster parents, child caring agencies, CASA, and local community partners are not fully engaged in the development of the CFSP.

**Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the agency develops, in consultation with representatives, annual reports of progress and services delivered pursuant to the CFSP.

According to the Statewide Assessment, the Annual Permanency Partnership Network Conference is the vehicle for the development of the Annual Progress and Services Report. Also, the Citizen Review Board provides consultation, feedback, and recommendations based on a review of agency policy, practice, strategic plan, and outcomes.

Stakeholders commenting on this issue during the onsite CFSR indicated that they are involved in developing the APSR and that the report reflects their input and feedback. Stakeholders did note that the staff turnover at the State level inhibited the collaboration process.

**Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

According to the Statewide Assessment, MDHS is successful in bringing together multi-disciplinary teams at all levels of the State. An example of this coordination is MAP (Make a Plan), a collaboration with the State's 15 Mental Health Regions. The focus of this collaboration is to promote the implementation of wraparound services for families and children diagnosed with Serious Emotional Disorder. This team is composed of representatives from Mental Health, Education, Medicaid, Youth Services, Mississippi Families as Allies, and MDHS.

For those children of Native American heritage, MDHS policy and practice dictate collaboration with appropriate Indian Tribal Council. Focus groups and yearly meetings are held with the social services staff of the Mississippi Band of the Choctaw Indians to facilitate ongoing discussion of the relationship between MDHS and the Choctaw Nation.

Stakeholders commenting on this issue during the onsite CFSR expressed differing opinions regarding the State's effectiveness in coordinating services across programs serving the same population. Most local-level stakeholders commented positively about the coordination of services across agencies for specific cases (e.g., Multi-Disciplinary teams, MAP teams, TANF, child support, and Medicaid), as well as efforts to coordinate community-based resources for children and families (e.g., Project Homestead, Family Support Centers). However, some local-level stakeholders expressed concern about the limited working relationships between the agency and key child-serving institutions (e.g., the school system, the Youth Court, and youth service agencies), and reported that there is a lack of shared information, resources, and case coordination. While noting that the State has created cross-agency partnerships to maximize limited resources, State-level stakeholders expressed concern regarding systemic barriers to achieving greater coordination of services (i.e., turnover in the State office, limited personnel, limited funding, and the lack of a statewide strategy to address service coordination and duplication).

## **X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
Rating	<b>Not in Substantial Conformity</b>		<b>Substantial Conformity</b>	
	1	2	3 X	4

Mississippi is in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention.

### **Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

  X   Strength             Area Needing Improvement

This item is rated as Strength because the State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

According to the Statewide Assessment, revised and enhanced standards for foster homes were issued in May 1999. New standards for Residential Child Caring and Child Placing Agencies were issued in January 2004. The standards were developed with the assistance of a task force made up of a large number of private child placing agencies and a well-known expert in the field of licensure. Licensing and approval standards are routinely developed and revised as needed to reflect changes in state and federal laws and to implement policy changes and initiatives. A foster/adoption focus group was formed to discuss standards and licensing policy. This group is made up of private child caring agencies and foster parents.

Stakeholders commenting on this issue during the onsite CFSR affirmed that standards are in place for foster family homes and that the standards are enforced. Stakeholders noted that the licensing and re-licensing process is usually timely, but there are occasional delays that are due to staffing shortages.



**Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

According to the Statewide Assessment, adherence to State Standards is required for all licensed/approved foster family homes and child care institutions receiving title IV-E or IV-B funds.

Stakeholders commenting on this issue during the onsite CFSR indicated that foster/adoptive homes and relative foster homes meet the same licensing standards, although there are non-safety exceptions made for relative placements (i.e., monthly income, space, sleeping arrangements). No children are placed in homes prior to the issuance of a license and provisional licenses are never issued. The private child placing agencies and MDHS use the same standards for foster home licensing. Foster home licenses are renewed every two years and foster parents must complete twelve hours of training prior to license renewal.

State-level stakeholders expressed concern about the number of unlicensed group facilities that are exempt from licensing because they are religious organizations. The State may place children in these facilities but no title IV-E board payment is made on behalf of children in these placements. Stakeholders also noted the standards for Residential Child Caring and Child Placing Agencies were not issued in January 2004. This delay is attributed to staffing issues in the licensing unit.

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

☒ Strength      ☐ Area Needing Improvement

This item is rated as a Strength because the State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.

According to the Statewide Assessment, Mississippi requires a criminal background check from a local law enforcement agency prior to placing a child in a home, even a relative home in an emergency situation. During the licensing or approval process, criminal background checks are obtained from the foster and adoptive applicant's local police and sheriff's departments. Background checks are also obtained from the National Criminal Information Center (NCIC). Documentation of the background checks is obtained on all foster and adoptive parents before approval. The licensure unit and the Division of Monitoring verify this documentation.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that criminal background checks are conducted for all adults age 18 and older in licensed foster homes and for relative caregivers. Stakeholders noted that the agency conducts central registry and background checks with county law enforcement for relative and non-relative homes. However, stakeholders expressed concern that the agency relies too heavily on local and county sources and does not conduct more extensive searches using statewide or FBI databases.

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

☐ Strength      ☒ Area Needing Improvement

This item is rated as an Area Needing Improvement because there is no comprehensive process to ensure the adequate recruitment of potential and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

According to the Statewide Assessment, each Region develops and periodically assesses its recruitment plan to meet the needs of children in their Region. There is a recruitment emphasis to increase the pool of families available to children with special mental health and medical needs. There is no statewide tracking or evaluation of the effectiveness of regional recruitment and retention plan for foster and adoptive parents. Television, radio, the Adoption Resource Exchange Booklet, and the MDHS website are used as recruitment tools.

Stakeholders reported that the agency is not fully successful in recruiting and retaining foster homes that reflect the ethnic and racial diversity of the foster care population. Stakeholder responses varied by site. Stakeholders reported that foster and adoptive homes reflect the diversity of children in care in Washington County. However, stakeholders noted that there is a lack of foster and adoptive

placements for Vietnamese and Hispanic children statewide. In Adams and Hinds Counties there is a significant lack of foster family home available for placement that reflect the cultural and ethnic needs of African American and Caucasian children. This serious lack of foster homes often results in placements outside a child's home county.

Stakeholders were in agreement that the need for more foster and therapeutic homes, especially for older teens and children with special needs or behavioral issues, is critical. They expressed concern that MDHS has not established a coordinated recruitment plan at the statewide level. Stakeholders noted that each region and county tends to "do their own thing" and the level of recruitment activity ranges from "intermittent" to "ongoing." Another concern identified by stakeholders is that counties are not required to produce a written recruitment plan, although they are required to recruit foster and adoptive parents. Washington County is an exception. Stakeholders in that county reported that the court requires the agency to have written procedures for recruiting foster parents.

Stakeholders identified a number of local-level recruitment strategies that have been successful, such as child-specific recruitment, "word of mouth," working with churches, and television and radio broadcasts.

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

☒ Strength                      ☐ Area Needing Improvement

This item is rated as a Strength because the State has a process to use cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

According to the Statewide Assessment, Joint Placement Committee meetings are held to facilitate the matching of children with resources across jurisdictional boundaries.

Stakeholders commenting on this issue during the onsite CFSR noted that the agency is using multiple resources to achieve adoption placements, such as the Joint Placement Committee, Interstate Compact for Placement of Children (ICPC), and adoption exchanges. Stakeholders noted that the counties work well together to place children within Mississippi, adding that responsibilities and services are well coordinated between jurisdictions.